MARYLAND STATE DEPARTMENT OF HEALTH

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E ONL	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 MARYLAND CERTIFICATE OF DEATH
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es after	BALTIMORE CO. MARYLAND Md. BALTIMORE
ag s	CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
srs. P	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS 9. IS RESIDI
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5	enditions, If any, which ave rise to immediate (b)
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	ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN JAPART 1(a) 19. WAS AUTO PERFORME
-/	YES NO
1	Da. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) ** CONTRIBUTING ☐ CAUSE OF DEATH FEITHER, NDTIFY MEDICAL EXAMINER)
	Oc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Sta
	Hour a.m. p.m. 19 While Not While at work at work factory, street, office bldg., etc.)
	21. I certify that (I) (this hospital) attended the deceased from 3/11, 1967, to 3/11, 1967, that (I) (we)
	saw the deceased alive on 3/11 1967, and that death occurred at 3 M, from the causes and on the date stated at 22b. DATE SIGNED
	Managaret E. Laur, HD. M.D. PHYS. MED. DIRECTOR PHYS. 3/11/67
,	2C. PHYSICIAN'S NAME (Type) HANGARET E. LANG. M.D. 22d. ADDRESS
/	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State
	MAR. 11, 1967 Christ Church Cemetery Adem's Run, S. Carolina
	FUNERAL DIRECTOR ADDRESS ADD
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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02120 22140

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write RURA	AL and give nearest tawn)	,			Baltimore		,	3	-	0-11	
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OR CONTRIBE	UTING CAUSE OF DEATH	203. 00	Series now more of	COMMED.	terror de mility in		51 110111 15.7				
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	ne deceased alive an_	March	14,1967	and the	at death occurred a			and an	the dat	e stated	abav
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22c. PHYSIC	TAN'S		76 D		22d. ADDRESS		m				
NAME	(Type) Ernesto	Hipolit	o, M.D.		7620 York	Rd.,	Towson,	Md. 2	2120	ł	
23o. BURIAL, CRE	MATION, 23b. DATE T	HEREOF	23c. NAME OF CEME			23d. LC	CATION (City or To		(County) (Si	tote)
REMOVAL(S Buri	gerify) 3/18	67.	Holy Red	leem	er Cemetery		Baltimo	re, Mo	d.	7.44	94
24. FUNERAL DI			ADDRESS		2Sau REC	BY REGISTI		EGISTRAR'S		RE	
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please removedaryan papers. Pages 1 and shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in day event, within 72 haurs after death

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (When deceased lived, if institution: Residence before admission) a. COUNTY Balto. Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) Write RURAL and give neerest town)
Towson 19 days Baltimore 22 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? St. Joseph Hospital after 3420 Dunhaven Rd. State YES NO NAME OF Month Year retai 2 with the Si er death. If an DECEASED Mary Anderson March 67 DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR 4/28/89 Months 4 hours a. Pages 1, 2, c. 3. Page 5 mc. WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Maryland Housewife Own Home pages PM3. | 13. FATHER'S NAME Give Edward Clark in any Lena Housner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unkown) | (If yes give wer or dates of service) Office along with 7538 Berkshire Road Mrs. Gertrude Marecki No 217-07-5551 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). removal ONSET AND DEATH burial-transit Pulmonary Embolism PART I. DEATH WAS CAUSED BY pencil IMMEDIATE CAUSE (e) 9,40 DUE TO should ò Comminuted fracture of left femur 19 days Conditions, if any, which (b) cremation, "pending" geve rise to immadiate cause DUE TO as Examiner' (a), steting the underlying pesn ceuse lest, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY CERTIFICATION burial, word 99 writing the word to Chief Medical E Page 3 should be out, prior to burial NO EXAMINER: This 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING | fell CAUSE OF DEATH. ertificate, with the Chief 20e. PLACE OF INJURY (Home, ferm, Month, Day, Yeer 20d. INJURY OCCURRED 20f. (City or town) (County) (State) 20c. TIME OF INJURY home (Home, ferm, agent, While Not While Baltimore Md. DIRECTOR: P at work et work Inspection X Inquiry X 21. I certify that I took charge of the remains described above, held an Autopsy and in my opinion designated Accident X Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER DATE SIGNED JEPUTY I ASSISTANT MEDICAL EXAMINER 3/21/67 DEPUTY MEDICAL EXAMINER Timonium Md.
Address (Street, city, town, of county) 0 EXAMINER'S Plea TO FUA Health William A. Pillsbury NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial Mt. Carmel Baltimore, Maryland 23. FUNERAL DIRECTOR **ADDRESS** VR A15ME 1901-07 Eastern Ave. 5M 1/62 Lilly & Zeiler Inc.

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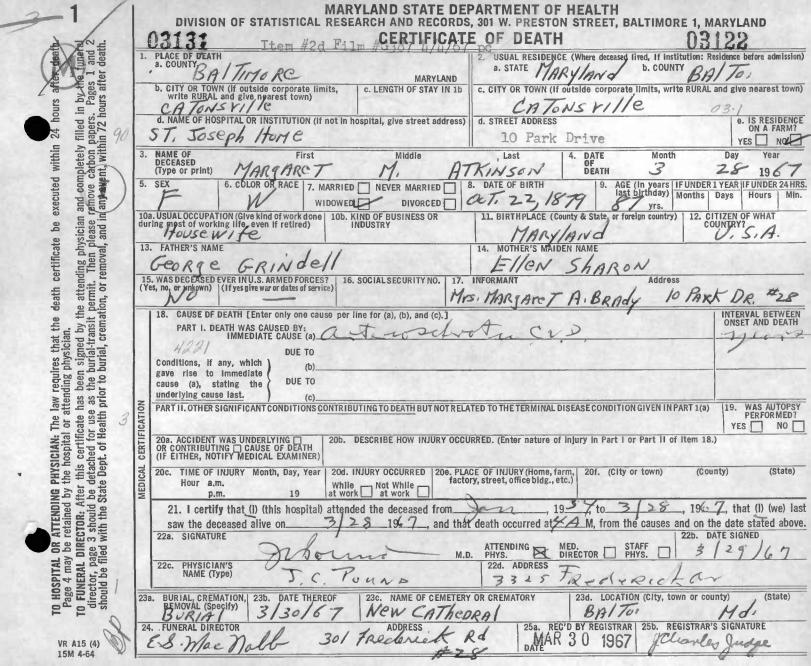
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6 1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	MARYLAND
	E M	03133 CERTIFICATE OF DEATH	13124
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executed and com	any ev	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) WIOOWEO DIVORCEO SEPT. 1, 1909 57 yrs.	Oays Hours Min.
	and in any		OUNTRY?
rtificate ing phy Then p	removal,	13. FATHER'S NAME EDWARD BAILEY 14. MOTHER'S MAIDEN NAME ANNA EDEWFIELD	
the nit.	5	15. WAS OECEASEO EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war or dates of service)	ne Rel.
ires that the physician. signed by th	to burial, cremation,	18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c),1 PART I. OEATH WAS CAUSED BY: A O I X OUE TO Conditions, If any, which gave rise to Immediate cause (a), stating the OUE TO OUE TO	INTERVAL BETWEEN ONSET AND DEATH
The lor a cate	Health prior to	underlying cause last.) (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	YES NO
rsician: hospital is certifi ached fo	0	20a. ACCIOENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18 OR CONTRIBUTING CAUSE OF OEATH (I FEITHER, NOTIFY MEDICAL EXAMINER)	». <i>)</i>
PHY the this deta	State Dept		ounty) (State)
	th the S	21. I certify that (I) (this hospital) attended the deceased from 7000, 1965, to 3/11, 1965 saw the deceased alive on 3/11 1967, and that death occurred at 7000 M, from the causes and on	the date stated above.
OR be	filed wit	John H. Justy M.D. ATTENDING MEO. DIRECTOR PHYS. 3	DATE SIGNED
O HOSPITAL Page 4 mai O FUNERAL director, pa	ald be	NAME (Type) JOHN H. TUCHY, H.D. ST. AGNES HOSP., BALTY	MD 21229
TO HI Pag TO FU	should	23a. BURIAL CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or completely continued to the continued and continued	ounty) (State) The control of the c
VR AI5 (4 20M 1/65		Funeral Director Fully-Craning St. Catonwelly ned DAMAR 1 5 1967 They-Craning St. Catonwelly ned DAMAR 1 5 1967	to Judge
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #13 & CERTIFICATE OF DEATH 03134 The law requires that the deoth certificate be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the attending physician and comptetely filled in by the funeral sit permit. Then please remove carban papers. Pages I and b. COUNTY land a. COUNTY o. STATE Baltimore Baltimore MARYLAND CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest town) 2M0 Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Caton Ridge Nursing Home 2034 Read Road YES NO K 3. NAME OF 4. DATE Middle Manth Year DECEASED 5 19 6 (Type or print) DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH last birthdoy) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)

Own Home INDUSTRY COUNTRY? Own Home Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME buriol, crematian, or removal, Bailey Frances S. Young Kephart Isaiah 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT burial-transit permit. (Yes, ac or unknown) (If yes give war or dates of service) NO Mrs. Belva I. Tiedemann Same as INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (6) signed by Page 4 may be retained by the hospital or attending physician. Conditions, if ony, which gove rise ta immediate cause (a), DUE stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been for use os the CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) detoched 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Not While factory, street, office bldg., etc.) 19 at wark pe 3-25-, 1967, that (1) (we) last 21. 1 certify that (1) (this haspital) attended the deceased fram. 7-29-, 1966, to director, page 3 should should be filed with the 19 67, and that death accurred at 11 30 A.M. fram causes and an the date stated above. saw the deceased alive an_ 3-25-220 SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. 3-25-67 DIRECTOR M.D. **ADDRESS** 22c. PHYSICIAN'S CAVERO NAME (Type) 23d. LOCATION (City or Town) Baltimore 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL CREMATION. Loudan Park REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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	DIVISION OF STATISTICAL RES	EARCH AND RECORDS, 301 W. PR	IT OF HEALTH RESTON STREET, BA	LTIMORE 1, MARYLAND
funeral and 2 death.	03135	CERTIFICATE OF DE		03126
ter dea	1. PLACE OF DEATH a. COUNTY 2 7/40	2. USUAL R a. STATE		b. COUNTY
e remove carbon papers. Päges 1 in any event, within 72 hours after	Bentley Springs.		Bentley	Springs 03-1
7/ WW /2	d. NAME OF HOSPITAL OR INSTITUTION (IF not in	hospital, give street address) d. STREET AC)DRESS (e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Howard	R. Baken,	SM. 4. DATE DE	Month Day Year 1201, 27 1967
3	M W WIDOWI		RTH 9. AGE (last b	(In years IF UNDER 1 YEAR IF UNDER 24 HRS. If UNDER 24 HRS. Hours Min. yrs.
-	Teel Fabricator	KIND OF BUSINESS OR 11. BIRTHPI	ACE (County & State, or forei	ign country) 12. CITIZEN OF WHAT COUNTRY?
	HOWARD R. Baker	SM, Phill	S'MAIDEN NAME	ce Hoffman
	15. WAS DECEASED EVER IN U.S. ARMED FDRCES? (Yes, no, or unknown) (If yes give war or dates of service)	6. SDCIAL SECURITY ND. 17. INFORMANT	net A. Bake	Address Bentley Springs
	18. CAUSE OF DEATH [Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), and (c).] erclined - himser	2 hage	INTERVAL BETWEEN ONSET AND DEATH
prior to burial, cremation, or removal, and in	Conditions, If any, which gave rise to Immediate (b)		0	
State Dept. of Health prior to	cause (a), stating the underlying cause last.			
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 20a. ACCIDENT WAS UNDERLYING 20b. 20b. 20c. 20			YES ND
1		OESCRIBE HOW INJURY OCCURRED. (Enter n.		
	20c. TIME OF INJURY Month, Day, Year 20d Hour a.m. Whi p.m. 19 at w		Home, farm, 20f. (City or bldg., etc.)	town) (County) (State)
	21. I certify that (I) (this hospital) atters saw the deceased alive on 2007.	nded the deceased from 124.	ed at 14 M, from the	causes and on the date stated above.
director, page 3 should be d should be filed with the State	22a. SICNATURE	M.D. ATTENDING	MED. STA	22b. DATE SIGNED
onig ne	22c. PHYSICIAN'S NAME (Type) A. H. F.	RANCE 22d. ADDI	Tarkton,	hod,
0	BURIAL, CREMATION, 23b. DATE THEREOF BUYLES AND STREET BUYLES AND	23c. NAME OF CEMETERY OR CREMATOR STABLEYS ADDRESS	23d. LOCATION FINA 23d. LOCATION FINA 5a. REC'D BY RECISTRAR	(State) (City, yown or county) (State) (State) (State) (25b. REGISTRAR'S SIGNATURE
The state of	L. Jacob Hartenste		APR 3 1967	Mclianles Judge

02135 Bentley Spring Bentley Springs Howard P Baker, Sr M W 128/1918 49 Steel Fabricator Steel Balto Md. U. A. Heward R. Baker, St. Phillippiance Het to an The De Will Mrs Sanet A Baker, Beat to man the second was the second to the A M. TEKRAS ... TO J. C. Konde Buriel 3/30/67 Hem Stablers Com. Parkton, Well I werd Hasterston The Fredrik DER B 1967 The comme

1 /		DIVISION OF VITA	AL RECORDS, 301 W. PRESTO IEDICAL EXAMINER'S	N STREET, BALTIN	NORE, MARYLAND 21201	03127
HEALTH DEPT.		PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	O STATE	(Where deceosed lived, if institution: Res	idence before odmission)
oath. If any delay ogges 1, 2, and 3, and 3, and 3, and 3, and 3, and 3, and 5,		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ft. Howard	c. LENGTH OF STAY IN 16	Ba:	outside corporote limits, write RURAL ond Ltimore	30-4
form form		d. NAME OF HOSPITAL OR INSTITUTION (If not in hosp Ft. Howard Hospit		d. STREET ADDRESS	51 E. Oliver Stree	e. IS RESIDENCE ON A FARM? YES NO
after death. 3. Give Page along with f		NAME OF First DECEASED (Type or print) ANTONE		Lost ANOSKI	4. DATE Month OF DEATH March	Doy Year 12 19 67
18. Give e along	N		RIED NEVER MARRIED DIVORCED DIVORCED	3 -8 - 9	9. AGE (In yeors lost birthdoy) Month	DER 1 YEAR IF UNDER 24 HRS. ns Doys Hours Min.
INER: This certificate shauld be executed within 24 haurs after death. It is certificate, writing the ward "pending" in pencil in Item 18. Give Pages should be farwarded to the Chief Medical Examiner's Office along-with far files. 3 should be used as a burial-transit permit. File pages 1 and 2 with the State itian, ar removal, and in any event within 72 hours after death	du	ng most of working life even if retired)	Ob. KIND OF BUSINESS OR INDUSTRY	Paus	va 1	COUNTRY?
within 24 Dencil in Examiner's File pages I hours afte		FATHER'S NAME		14. MOTHER'S MAIDEN	/	
xecuted nding" in Medical E permit. F	(Y	WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give wor or dotes of service)	6436	NOS BA	RANAUSKAS	
d be executed within 24 hrd "pending" in pending in the Chief Medical Examiner's Ortransit permit. File pages 1c event within 72 hours after		18. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	craniocerebral	injury		INTERVAL BETWEEN ONSET AND DEATH
This certificate shauld be ectate, writing the ward "perbe farwarded to the Chief" I be used as a burial-transit removal, and in any event		Conditions, if ony, which gove rise to immediate couse (0),				
ificate ting the saded to sade and in and in		stoting the underlying couse DUE TO (c)				TIO WAS AUTOPSY
ate, writ ate, writ e farwar be used emoval,	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT				19. WAS AUTOPSY PERFORMED? YES NO
INER: This the certificate, shauld be for files. 3 should be to the titan, ar remo	MEDICAL CERTIFICATION	PRIMARY Prof CONTRIBUTING CAUSE OF DEATH.		sidewalk		10
	MEDICA	Hour sens 2 17 19 67 6	While Not While twork of work	CE OF INJURY (Home, for ory, street, office bldg., et	Baltimore	(County) (Stote)
		21. I certify that I taak charge of the death resulted fram: Natural cause		ide, Hamicio	le, Undetermined manner	and in my opiniai
		ACTUAL SIGNATURE Chaules	1 lay	M.D. ASSISTANT M	AL EXAMINER SEDICAL EXAMINER X	22. DATE SIGNED
TO DEPUTY MEDICAL necessary, please exec the funeral director. Pr 5 may be retained for TO FUNERAL DIRECTOR. Health priar ta burial,		EXAMINER'S Charles S. I		Address (Stre	CAL EXAMINER Coet, city, town, or county)	3/14/67
To the the Hee	3	BURIAL, CREMATION, REMOVAL (Specify): 3/16/6/	23c. NAME OF CEMETERY OR	+ CEM	23d. LOCATION (City or Town) LICE SELECTION ('D BY REGISTRAR 25b. REGISTRAR	(County) (Stote)
VR A15ME (5)	2.	T. Fisher - 193	30 Eastern	ery mat	1 0 1000 IV/1/1-	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH N r and 2 er death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) BALTIMORE a. CDUNTY_ b. COUNTY after 000507 MARYLANO Pages b. CITY DR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b C/CITY OR TOWN (If outside corporate limits, write RNRAL and give nearest town) bon papers. Pag within 72 hours write RURAL and give nearest town) hours .= 10URS DWSON d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS IS RESIDENCE DN A FARM? 24 56 remove carbon prepared prepare NO X YES executed within NAME DE First Middle Last 4. DATE Month Oav DECEASED ER (Type or print) 6 CRETT DEATH 19 SEX 6. CDLOR OR RACE OATE OF BIRTH ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED 9. last birthday) Months Oays Hours ipany WIDDWED OIVORCED 10a. USUAL OCCUPATION (Cive kind of workdone physician 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT ease death certificate be during most of working life, even if retired) INDUSTRY and HOENVIX COUNTRY? 0 d removai. 13. FATHER'S NAME MOTHER'S MAIDEN NAME 14. ed by the attend transit permit. , cremation, or ru 15. WAS OECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. 17. INFORMAN Address (Yes, no, or unkown) (If yes give war or dates of service) 15-2 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and INTERVAL BETWEEN ONSET AND DEATH been signed by the the burial-transit or to burial, cremati that the PART I. OEATH WAS CAUSED BY: The law requires that the or attending physician. IMMEDIATE CAUSE (a **OUE TO** Conditions, If any, which (b) gave rise to Immediate OUE TO certificate has been ched for use as the prior to the second of the second control of th cause (a), stating the underlying cause last PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY CERTIFICATIO PERFORMED? NO T PHYSICIAN: T 20a. ACCIDENT WAS UNDERLYING 20b. OESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) detached f te Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) this MEDICAL TIME DF INJURY Month, Day, Year 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm.) 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. Not While director, page 3 should be should be should be filed with the State by ATTENDING p.m. at work at work OR ATTENDIN 21. I certify that (I) (this hospital) attended the deceased from the control of the deceased from the control of the control of the certify that (I) (this hospital) attended the deceased from the certify that (I) (this hospital) attended the deceased from the certify that (I) (this hospital) attended the deceased from the certification of the certification (I) (this hospital) attended the deceased from the certification (I) (this hospital) attended the deceased from the certification (I) (this hospital) attended the deceased from the certification (I) (this hospital) attended to the certification (I) (I and that death occurred at 22.M, from the causes and on the date stated above. saw the deceased alive pho 224. SICNATURE OATE SICNED MED ATTENDING M.O. PHYS. DIRECTOR 4 may 22c. PHYSICIAN'S 22d. AOORESS NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATION (City, town or county) REMOVAL (Specify) Baltimore County Maryland Burial /30/67 REC'D BY RECISTRAR | 25b. REGISTRAR'S SICNATURE FUNERAL OIRECTOR Wm. Cook-Brooks Towson 1050 York Rd. 21204 VR A15 (4) 20M 1/65

Loute Tayonardial Perforation Coincery askery ardenisclering Mune of Bongon MANUEL A. GONGON All the contract of the second

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0313	8	CERTIFICATE	OF DEATH		02120
PLACE OF DEA a. COUNTY	TH Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution b. COUN	ion: Residence before admission) NTY Beltimore
b. CITY OR TOV write RURAL	VN (If autside carparate limits, and give nearest town)	c. LENGTH OF STAY IN 1b	1	utside corparate limits, write RUF imore	RAL and give nearest tawn)
	SPITAL OR INSTITUTION (If not in Joseph's Hos		d. STREET ADDRESS 731 N	. Collington A	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Jose	ph W.	Lost BASE	4. DATE Mont	
male male	6. COLOR OR RACE	7. MARRIED A NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 04	9. AGE (In years last birthday) 3 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
during mast of worl	TION (Give kind of work dane king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	. /	BASE	14. MOTHER'S MAIDEN' ROSE	Strescek	
1S. WAS DECEASED (Yes, pg, gr unknow	DEVER IN U.S. ARMED FORCES? wn) (If yes give wor or dotes of s	ervica)	Mary F. B	ase 731 h.	Collington Ave.
PART I. 15. Conditions, if rise to immediate.	F DEATH (Enter only one couse DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) any, which gove diate couse (a), nderlying couse (c)	carcinoma of	the colon		ONSET AND DEATH
PART II. OTHE	r significant conditions <u>con</u>	ITRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUT	WAS UNDERLYING TING CAUSE OF DEATH TIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I ar Part II of item 18.)	
Hour 21. L ce	INJURY Manth, Day, Year a.m. p.m. 19 ertify that (I) (this haspi	While at work at wark	CE OF INJURY (Home, farm tary, street, office bldg., etc.) March	(County) (State) 5, 197, that (I) (we) law
22a. SIGNATI	URE Edunds AN'S	m. Canilangu	D. PHYS. 22d. ADDRESS	MED. STAFF LINES DIRECTOR PHYS.	22b. DATE SIGNED
23a. BURIAL, CREM	ATION, 23b. DATE THERE	- 111 · ·	CREMATORY	234 LOCATION (City or To	timore 21204 Md. (Caunty) (State)
24. FUNERAL DIRE	3-1-6	ADDRESS ADDRESS		1 rall remores	GISTAN'S SIGNATURE Judge

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cerificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03140 The low requires that the death certificate be executed within 24 hours after deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY MARYLAND BATITYMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. Page hin 72 hours a FORT HOWARD 8 DAYS BALTIMORE .⊑ d. NAME OF HOSPITAL OR INSTITUTION (if not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hin 72 | filled 26L7 WILKINS AVENUE VETERANS ADMINISTRATION HOSPITAL NO X YES NAME OF carbon First Middle Last DATE Month Doy Year etely DECEASED VINCENT DE PAUL MARCH 31 67 (Type or print) BEATTY DEATH 19 and tomp IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years remove in any ave last birthday) Months Days Hours FEBRUARY 5. WHITE WIDOWED DIVORCED 1901 MATE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? puo U.S.A LABORER BALTIMORE, MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME remova MARY MC CALL WILLIAM LEO BEATTY 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give war or dates of service 0 216 07 49 78 CLINICAL RECORDS FORT HOWARD. MARYLAND YES burial, cremation, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-tronsit ONSET AND DEATH BRONCHOPNEUMONIA IMMEDIATE CAUSE (o) DUBCTO Conditions, if any, which gave BRONCHOGENIC CARCINOMA WITH METASTASIS rise to immediate cause (a), DUE TO the hospital or attending stating the underlying cause as the prior to has been last. PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Heolth HEART DISEASE ARTERIOSCLEROTIC certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 0 detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) at work 21. I certify that (1) (this haspital) ottended the deceased fram MARCH 23 19 67 to MARCH 31 1967, that (1) (we) last O HOSPITAL OR ATTEND Page 4 moy be retained saw the deceased alive on MARCH 31. 19 67, and that death occurred at 340A M, fram causes and on the date stated above. O FUNERAL DIRECTOR: 22b. DATE SIGNED 3/31/67 220. SIGNATURE STAFF PHYS. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S W. JUVAN, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) director, shauld b 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) BALTIMORE. MD. BALTIMORE NATIONAL BURTAT. APR 3 24. FUNERAL DIRECTOR **ADDRESS** 25b. PECISTRAR'S SIGNATUR VR A15 (4) Hollins St. Baltimore,

WALDEN COMPANY CHARLES

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	MARYLAND STATE DEPARTMENT OF I	HEALTH
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON	STREET, BALTIMORE 1, MARYLAND
03141	RESEARCH AND RECORDS, 301 W. PRESTON CERTIFICATE OF DEATH	03132

a. COUNTY	a. STATE Maryland b. COUNTY Baltimore					
Baltimore MARYLAND						
b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
Catons ville 27yr5mth17dys	Dundalk, Maryland					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
SPRING GROVE STATE HOSPITAL	Route 3- Box 44 -Holabird Ave. YES NO					
3. NAME DF First Middle DECEASED	Last 4. DATE Month Day Year					
(Type or print) Mathias Bec	drunka DEATH March 12 1967					
5. SEX 6. CDLDR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.					
male white WIDOWED DIVORCED	May 15, 1883 83 yrs. World 1883					
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY	11. BIRT HPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
laborer brewery	Austria U.S.					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Mathaus Bedrunka	Theresa Freisler					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY ND. 17.	INFDRMANT Address					
no 216-01-11455+A	Records: SPRING GROVE STAT HOSPITAL					
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN					
PART I. DEATH WAS CAUSED BY: Coronary Heart di	Sease Onset and Death					
150X						
Conditions, If any, which (b) Generalized arteriosclerosis, severe						
gave rise to immediate						
cause (a), stating the underlying cause last. DUE TO (c) Parkinsonism - Sys	stolia hymentensien					
	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY					
TATE TO THE TATE T	PERFORMED? YES ND X					
20a ACCIDENT WAS LINDERLYING TO 1 20b DESCRIBE HOW INHIBY OCCU	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE PART II. OTHER SIGNIFICANT CONTRIBUTION TO THE PART II. OTHER						
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)					
Hour a.m. While Not While facto	ry, street, office bldg., etc.)					
	Sept 25 March 12 67 10 () ()					
21. I certify that 30 (this hospital) attended the deceased from	Sept. 25, 1939, to March 12, 19 67, that x) (we) last the death occurred above.					
saw the deceased alive on March 12 1967, and that	death occurred atM, from the causes and Dn the date stated above.					
The total the come May	ATTENDING MED. STAFF AND 2 22 67					
22g PHYSICIAN'S M.C	D. PHYS. DIRECTOR PHYS. A 3-13-07 22d. ADDRESS SPRING GROVE STATE HOSPITAL					
NAME (Type) Anthony J. Young, M.D.	Baltimore, Maryland 21228					
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER ST. Johns						
24. FUNERAL DIRECTOR ADDRESS 25a, REGID, BY REGISTRAR, 25b. DEGISTRAR'S SIGNATURE 10 10 10 10 10 10 10 10 10 10 10 10 10 1						
E. S. Man Mable 301 frederick R.	DATE 250, REGISTRAR 250, REGISTRAR'S SIGNATURE					
Bills I MI						

VR A15 (4) 20M 1/65

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages L and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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1	1	Division of STATISTICAL				1201
		03143	CERTIFICATE	OF DEATH		13134
funeral s I and ter death	1	o. COUNTY Baltimore Co.	MARYLAND	Marulan	d b. COUNTY Ba	ulto,
haurs af n by the s. Page haurs af	1	write RURAL and give nearest town) Rural Towson	3yrs	Rural 7	Towson	e. IS RESIDENCE ON A FARM?
Hilled i	3.	524 Stevenson L	ane Middle	12 C.	4. DATE Month	ON A FARM? YES NO Day Year
ampletely ve carba event,		(Type or print) SEX 6. COLDR DR RACE 7. M	ARRIED NEVER MARRIED 8	DATE OF BIRTH	9. AGE (In years IF UNDE	10 1967 RIYEAR IF UNDER 24 HRS
ate be exection and a contract of and in any	dur	D. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Somerset	Stote, ar fareign country) 12. Co. Marylandu	CITIZEN OF WHAT OUNTRY?
n certific ng physi Then pl emaval,		Fred H. Waters	I 14 SOCIAL SECURITY NO. 17 H	Ada Wa	ters	
attendi permit. ion, ar r	(Y	es, no, or unknown) (If yes give wor or dotes of servi	(e) A			INTERVAL RETWEEN
is that the cian. I by the I-transit I, cremati	D.	PART I. DEATH WAS CAUSED BY: 1992 IMMEDIATE CAUSE (a) DUE TO	Dehydration 4			INTERVAL BETWEEN DNSET AND DEATH
w require		rise to immediate cause (a), stating the underlying cause	Undifferentiate	ed Caveino		
F. The large or attended to the has be use as alth pria	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB				19. WAS AUTOPSY PERFORMED? YES NO
IYSICIAN naspital certifica ched for thed for pt. af He		(IF EITHER, NOTIFY MEDICAL EXAMINER)				aunty) (Stote)
ing PH by the I fter this be deta state De	MEDIC	Haur a.m. p.m. 19	While of work at wark focto	ory, street, office bldg., etc.)		067, that((1)) (we) la
ATTEND stained CTOR: A shauld ith the S		saw the deceased alive on	av 10 1967, and that	t death accurred at 13	2:45PM, fram causes and on 22b.	the date stated above
ral OR on be ready be repaid at DIRE		22c. PHYSICIAN'S NAME (Type)		PHYS. D	DIRECTOR PHYS. 3	10/67
HOSPII age 4 m FUNER lirectar, shauld b	230	1 Triomas 10	23c. NAME OF CEMETERY OR (in the second second	23d. LOCATION (City or Town)	(County) (State)
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before admission) 20fo Ly Joppa Rd. Hampton House Apt 1014 b. COUNTY Baltimore MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL and give nearest town) Yrs. Rural. Towson Rural. Towson d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 204 E. Joppa Rd. YES NO Joppa Rd. NAME OF 4. DATE Middle Month DECEASED OF March 67 Edward Haves (Type or print) Benson DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR st birthday) Months Davs Mln. White Male June 20 1893 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Cockeysville, Md. U-S-A-Self employed Physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Katie Haves Josuha E. Benson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Edward Benson 204 E. Joppa Rd. WW. I II Yes 18. CAUSE OF DEATH [Enter only one cause peryline for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO L 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. at work at work p.m. 22a. SIGNATURE ATTENDING PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Jessups Cockeysville Burial 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Lassahn Funeral Home 7401 Belair Rd. 1SM 7-62

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JING PHYSIC d by the hos After this co d be detache s State Dept.	20c. TIME OF INJURY Month, Oay, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 4	County) (State)
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AL OR ATTEN nay be retain n. DIRECTOR: page 3 shoul filed with th	22a. SIGNAIDRE M.O. ATTENOING MEO. STAFF DIRECTOR DIPHYS. DIRECTOR PHYS.	DATE SIGNED 3/30/6)
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Pag TO Fa	23a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify) 4/1/67 Loyalow are Cemetery Baltimore M.	2×1/19112
VR A15 (4)	Ambrose Inc 1308 Sulphur Sp. Rd. 25a. REGISTRAR 25b. REGISTRAR 25b	AR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 03147 and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Baltimore o. STATE Maryland b. COUNTY Baltimore campletely filled in by the fur lave carbon papers. Pages 1 y event, within 72 hours after MARYIAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4218 Kensington Road 4218 Kensington Road NO X YES 3. NAME OF Middle First 4 DATE Month Dov Year DECEASED March 16, John J. Biemiller 67 Sr (Type or print) DEATH 9. AGE (In years S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR | IF UNDER 24 HRS 7. MARRIED NEVER MARRIED DATE OF BIRTH lost wirthdoy) 1--26-1902 Male White and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** Maryland Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remaval, Edward Biemiller Elizabeth Jordan 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 216-03-8715 Anna M. Biemiller, 4218 Kensington Road crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Breillosc (eroTIL CV Y17+ burial burial Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse priar tal has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? CERTIFICATION Health 2 NO Por 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. MEDICAL 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Haur o.m. foctory, street, office bldg., etc.) ot work ot work 12,1936,ta 21. I certify that (I) (this haspital) attended the deceased fram 19 6 7, and that death accurred at ________M, fram causes and an the date stated obove. saw the deceased alive on 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. DIRECTOR M.D. filed 22c. PHYSICIAN'S NAME (Type) Dr. Thomas E. Roach 5550 Baltimore National Pike, Balto., M 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 3-20-1967 Baltimore County, Maryland Lorraine Park Cemetery

ADDRESS

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PHYSICIAN: The law requires that the death certificate be executed within 24 hours after and attending physician permit. Then please signed by the hospital ar attending this certificate be retained FUNERAL DIRECTOR: directar, shauld b 0

24. FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Ave.

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03149 requires that the death certificate be executed within 24 hours after death. physician and campletely filled in by the funeral en please. Pages 1 and avel. and in any event, within 72 hours after deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTYo. STATE ALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? GENERGL YES 🔲 ALTIMORE NO X NAME OF Middle 4. DATE BOGRI Year DECEASED (Type or print) DEATH 19 SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours 21) WIDOWFD DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY **COUNTRY?** NSURANCE /SETIMED OLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the attending phys remava DIMON 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or,unknown) (If yes give wor or dotes of service ŏ 051-07-0759 burial, crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO signed 1 Conditions, if ony, which gove rise to immediate couse (a). DUE TO r this certificate has been si detached far use as the b te Dept. af Health priar to b stoting the underlying couse 4 may be retained by the haspital ar attending lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER! State Dept. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) While Not While at work ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased from 1967 that (I) (we) last and that death occurred at 400 M, from causes and on the date stoted obave. saw the deceosed alive an 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) MARIAN BULL MODELS 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) SINGI BALTO MA BURIAL 24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE LUAN S. LEWIS + SON, INC. - BARRISON,

MARYLAND STATE DEPARTMENT OF HEALTH

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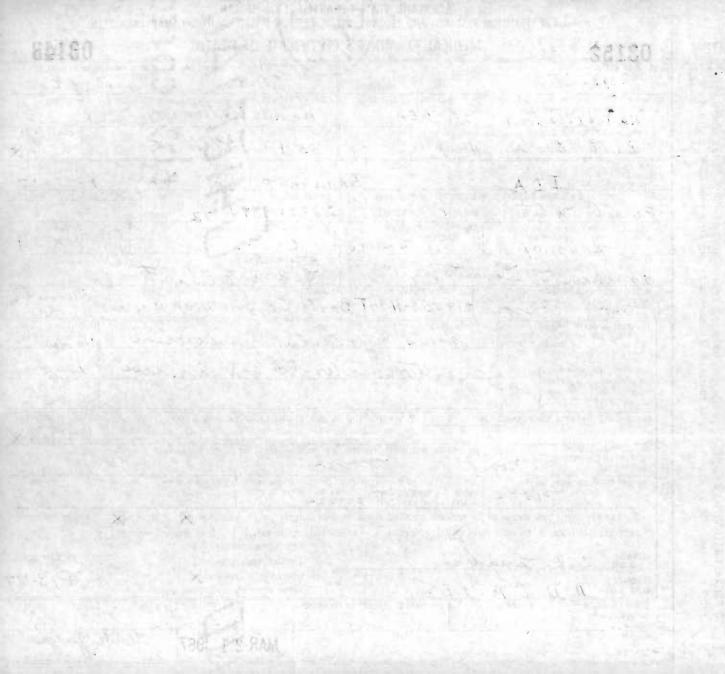
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03150 PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH ottending physician and campletely filled in by the funeral permit. Then please remave carbon papers. Pages L'and on, or removal, and in any event, within, 2 haurs after deet 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY Maryland Balto. Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) Towson, Maryland 5mth 23dvs Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Spring Grove State Hospital 308 Regester Avenue Balto.4. Mdes NO NAME OF Middle 4. DATE Month Year Lost DECEASED 8 19 67 Philomena March Bohn (Type or print) DEATH S. SEX 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED B. DATE OF BIRTH 7. MARRIED last birthday) Days DIVORCED White WIDOWED 1-10-84 Female 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during impst of working life, even if retired) **INDUSTRY** Maryland

14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME William Theresa 1S. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, na, ar unknawn) | (If yes give war ar dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. permit. 218-30-6189 Records: Spring Grove State Hospital 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
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L OR A ly be r DIREC age 3	I	22a. Signature	M,C		STAFF - /	Mush 67
O HOSPITAL OR ATTENDI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the 8		220. PHYSICIAN'S NAME (TYPE) HUMKEN GLEVIM	m	22d. ADDRESS	at led Ballo	Med 21234
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MARYLAND STATE DEPARTMENT OF HEALTH



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H	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	. 2 .	03154 CERTIFICATE OF DEATH 03145	/
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	ing phy Then emava	JOHN SAMUEL BROOKS ESMA K. TRAYHAM	
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	L OR A be ret be ret black of	M.D. ATTENDING MED. STAFF PHYS. X DIRECTOR PHYS. X 3/13/67 22c, PHYSICIAN'S	
	TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fill SHIPPED	NAME (Type) NEIION NEIISON, M. D. VAH FORT HOWARD, MARYLAND 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County). (County).	(State)
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MARYLAND STATE DEPARTMENT OF HEALTH

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y the funeral Pages I and urs affer seath	1. PLACE OF DEATH O. COUNTY  b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  2. MARYLAND  c. LENGTH OF STAY IN 1b.  3. MONTH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Res o. STATE b. COUNTY c. CITY OR TOWN (If autside corporate limits, write RURAL and Catonsville	Balto.
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deoth attending ermit. I	(Yes, no, or unknown) (If yes give wor or dotes of service)	rothy Brown - 202 Winters La	ne INTERVAL BETWEEN
The low requires that the deoth certificate be executed within 24 hours after death oftending physician.  I have been signed by the attending physician and completely filled in by the funeral use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 lith prior to burial, cremation, or removal, and in any event, within 72 hours after death	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  Broucher price  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  (c)  CVA Z R4- Sich	Memipleaia	ONSET AND DEATH
al or ottending icate hos been for use os the Heolth prior to large.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TE & PILOP TIC Seizures due t	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
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Page 4 may be retained by the hospital or for FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us should be filed with the State Dept. of Health	21 I certify that (1) (this haspital) attended the deceased fram	t death occurred at \$320 PM, fram couses ond o	19 <u>67</u> , that (1) (we) la n the dote stoted obov D. DATE SIGNED 3 - 25 - 67
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VR A15 (4) 20 M 1/66	Charles R. Law 802 Madison Ave., Balto.,	000	erles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE DF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission o. COUNTY Page delay Department PM3 d. STREET ADDRESS 58 farm in Item 18. Give Pages 1, State YES This certificate shauld be executed within 24 haurs after death. with NAME DE DATE Doy Year DEATH DECEASED (Type or print) Office alang Months Doys within 72 haurs after death. DIVORCED 12. CITIZEN OF WHAT the Chief Medical Examiner's pencil WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (If yes give war or dotes of service) (Yes, po, or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit event HEART ISEASE RTERIOSCLEROMC IMMEDIATE CAUSE (o) writing the ward DUE TO in any Conditions, if ony, which gove ţ rise to immediate couse (o), DUE TO stoting the underlying cause D. farwarded pup SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removal, CERTIFICATION certificate, NO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.) 3 shauld PRIMARY | or CONTRIBUTING | crematian, or EXAMINER: CAUSE OF DEATH. MEDICAL 20e. PLACE OF INJURY (Home, form, (City ar town) (County) (State) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o.m. factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page of work ot work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry , and in my opinion deoth resulted from: Notural causes 🔽 Suicide [ Undetermined manner Accident Homicide be retained CHIEF MEDICAL EXAMINER Health priar ta ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE funeral O DEPUTY DEPUTY MEDICAL EXAMINER 4-1-67 RUSSELL S. FISHER, M.D. NAME (Type) Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 250. REC'D BY REGISTRAR DATE APR 3 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03161 FOR STATE 03152 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. CHAY timore o. STATE COUNTY Baltimore PM3. Page 5 0 State Department of MARYLAND Maryland delay and 3 t b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Kosza 010 TRO. d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? with farm 10 370 Choptank Avenue in Item 18. Give Pages 370 Choptank Avenue YES NO This certificate shauld be executed within 24 haurs after death. NAME OF Middle 4 DATE First Year Month Day DECEASED 3 19 67 GEORGE BURKHART 6 (Type or print) DEATH the Chief Medical Examiner's Office alogg S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED DATE OF BIRTH **NEVER MARRIED** last birthday) Manths Dovs Haurs DIVORCED WIDOWED Male 66 ME 2 VIS. White File pages land 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT during ment af warking life, even if retired) **AINDUSTRY** COUNTRY? 72 hours after Mary Cano -un ten in pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Burkhauser phin e IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. I (Yes, na, or unknawn) (If yes give war ar dates af service) pending" Unknow within MO 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit event PART I. DEATH WAS CAUSED BY ONSET AND DEATH Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) writing the ward DUE TO any Canditians, if any, which gave (b) forwarded ta rise ta immediate cause (o). = DUE TO stating the underlying cause 0 and last nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY removal, PERFORMED? the certificate, NO X YES pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should 4 shauld ы PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH crematian, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (Caunty) Haur a.m. factory, street, office blda., etc.) Not While may be retained for your FUNERAL DIRECTOR: Page please execute at wark 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry ond in my opinion funeral directar. deoth resulted from: Noturol couses XX Accident Suicide 1 Homicide be retained Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED prior 1 ASSISTANT MEDICAL EXAMINER X SIGNATURE TO DEPUTY 3-6-67 DEPUTY MFDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, tawn, or county) NAME (Type) WERNER U. SPITZ. M.D. 23b. DATE THEREOF 23a. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY (City or Town) (State) 9 REMOVAL (Specify) REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS VR A15ME (5) 6M 1/67

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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## CERTIFICATE OF DEATH

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		Catonsv	give neorest town)	516	da	ys	Baltimo	ore			30-1	/	
	d	I. NAME OF HDSPITA	AL OR INSTITUTION (If n	not in hospitol, g	ive street address)		d. STREET ADDRESS				е.	IS RESID	ENCE
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i		NAME OF	F	irst	Middle		Lost	4. DATE	Mont	th	Doy	Yea	r
	(	Type or print)	1	Everett	P.		Burns	OF DEATH	March	3		19	67
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	10o.	USUAL OCCUPATION	(Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or foreig	n country)		IZEN OF UNTRY?	TAHW	
	aurir	ng most of working	Steel Work		JUSTRY		Maryland	3		U.	S.	Α	
	13.	FATHER'S NAME	DECCE WOLK				14. MOTHER'S MAIDEN N						
		Basi	1 R. Burns				Alvin	a Brand	enburg				
			R IN U.S. ARMED FORCES		OCIAL SECURITY ND.	17. 1	NFORMANT		Addre	ess			
	(Yes	s, no, or unknawn)	(If yes give wor or dotes	of service)	213-09-831	.8 R	ecords: SPI	RING GI	ROVE S	TATE	HOS	PITA	L
	П	1B. CAUSE OF DE	ATH (Enter only one ca							-11-11		EVAL BETV	
		PAKI I. DEAI	H WAS CAUSED BY:  IMMEDIATE CAUSE	(o) Gan	ser of the	e Lun	g				ONSI	T AND DI	AIN
		163	X	E TD									
		Conditions, if ony,		(b)									
		rise to immediate stating the under		E TO							40		CM.
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2	CERTIFICATION				11 12 11 11						YES	PERFORME	D? NO <b>1</b>
	FICA	2Do. ACCIDENT WAS	UNDERLYING	20b. DES	CRIBE HOW INJURY O	CCURRED.	Enter noture of injury in I	Port 1 or Port 11	of item 18.)				
	E		CAUSE OF DEATH MEDICAL EXAMINER)										
	MEDICAL	2Dc. TIME OF INJU	RY Month, Doy, Yeor		JURY OCCURRED		E OF INJURY (Home, form		ity or town)	(Co	unty)	(:	Stote)
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		21. I certif	v that XI) (this ha	spital) attend	led the deceased	fram		9 67 to_	2/3	, 19_	27, the	ot (I) (v	ve) last
		saw the de	ceased alive on_	3/3/67	19,	and tha	death occurred at	11+3CM,P	necauses	and an t	he date	stated	above.
		220. SIGNATURE	- 1	1177	1 0		ATTENDING	MED.	STAFF	22b. D	ATE SIGNE	D	
Н			Skella	in	achsli	LE M.I	. PHYS.	DIRECTOR L	PHYS.		3/4/	67	
3		22c. PHYSICIAN'S	C / //	- 11.	chsler	/	22d. ADDRESS SPI				HOS		L
1		NAME (Type)	Stell	a wa	cns cey		Ba.	ltimore	Maryl	and 2	1228		
	23o.	BURIAL, CREMATIC	N, 23b. DATE TH	HEREOF	23c. NAME OF CEM	ETERY OR	REMATORY	23d. LOCAT	ION (City or To	wn)	(County)	(St	ote)
	В	REMOVAL (Specify)	3-7-	1967		Park	Cemetery		Freder:				
1		. FUNERAL DIRECTO			ADDRESS			BY REGISTRAR		GISTRAR'S S			
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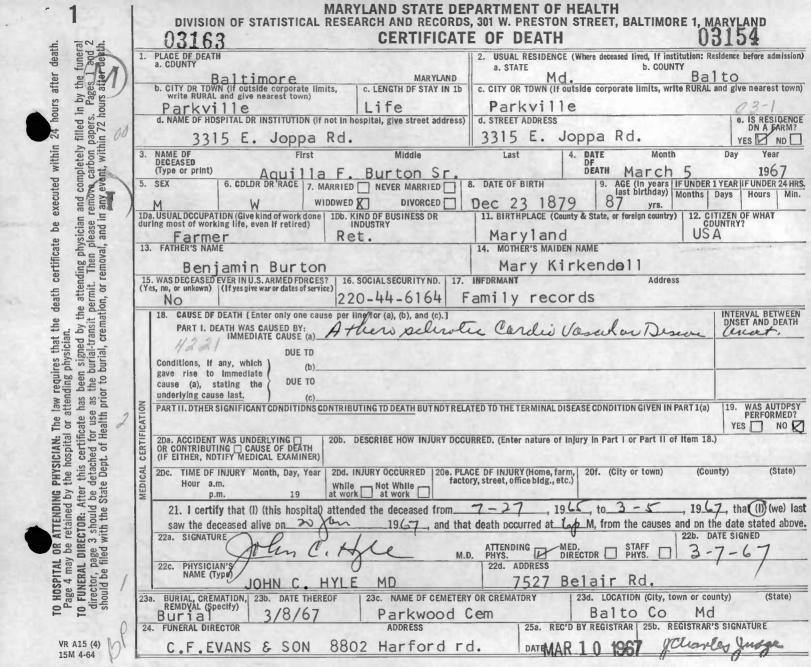
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**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then piecse remave carbon papers. Pages 4 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after agonth.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH

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		AL DR INSTITUTION (If not in h			d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
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	FATHER'S NAME JAMES				14. MOTHER'S MAIDEN	NAME ILIA SAMUEL		
IS. \ (Yes,	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If voc give wer or dotes of serv	16. SOC 227		INFORMANT LIN. RECORDS	, VA HOSPITAL, FT	HOWAF	RD, MD.
	PART I. DEAT	ATH (Enter only one couse pe H WAS CAUSED BY: IMMEDIATE CAUSE (o)	BRONC	, (b), ond (c).) HOGENIC CARC		GHT LUNG WITH	ON	ERVAL BETWEEN SET AND DEATH
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	20o. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	20b. DESCR	IBE HOW INJURY OCCURRED	(Enter noture of injury in	Port 1 or Port 11 of item 1B.)		
MEDICAL	20c. TIME OF INJU	10	20d. INJUI While of work	Not While for	ACE OF INJURY (Home, for tory, street, office bldg., etc		(County)	(State)
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	22a. SIGNATURE	In Du	ale	ag M	D. ATTENDING PHYS.	MED. DIRECTOR STAFF PHYS.   22b.	DATE SIGN 3/2/6	
	22c. PHYSICIAN'S NAME (Type)	MILTON GINS	SBERG,	MJD.	22d. ADDRESS VAH F	ORT HOWARD, MARYLA	ND	
	BURIAL, CREMATIC			23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County)	) (Stote)
	BURIAL Specify			BALTIMORE		BALTIMORE, MARY	LAND	0.5
24.	FUNERAL DIRECTO	0 2 10	KEI	SON FUNERAL	HOME MA	D BX REGISTRAR 25b, REGISTRAR 1967	CHANGE	esser.

director, page 3 should be detached for use os the buriol-tronsit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremotion, or removol, and in any event, within 72 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the outgoing physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and Page 4 moy be retained by the hospital or attending physicion. VR A15 (4) 25M 1/67

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MARYLAND BALTE 42 Days BALTO GLARTEN BAITO MEDICENTEN. 4301 PARKTON ST. LUCKE Nets USA CM CHRISTERSON 285-104-461 339-01965 SPA which 3/1/7 eltioned Schouel Schouel entropy. Funeral Ha & Wist Hilens Ave. 125

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03161 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 03170 HEALTH-DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission). BALTIMORE o. STATE Maryland 2 2. Page MARYLAND delay ond 3 t b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b 2, ond PM3. write RURAL and give negrest town Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? the Chief Medical Examiner's Office along with form the Stote C ST. JOSEPH'S HOSPITAL 428 Folcroft 21224 Item 18. Give Poges YES NO 24 hours ofter death. NAME OF First Middle Lost DATE Month Dov Year DECEASED 3 19 67 LEWIS CLEAVER, Jr 20 (Type or print) DEATH IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED TO June 17, 1942 birthday) Manths Hours within 72 hours ofter death. DIVORCED Male White WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY Baltimore, Md. 2 Engineer State Roads 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within pencil Lewis Cleaver Sr. Ethel Wiegand .= 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give war ar dates of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. "pending" 216-42-7884 Lewis Cleaver Sr., Father, above no INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit event PART I. DEATH WAS CAUSED BY ONSET AND DEATH Massive internal bleeding IMMEDIATE CAUSE (o) This certificate should writing the word DUE TO in ony Canditians, if any, which gave Laceration of spleen and lungs forwarded to rise to immediate cause (a). DUE TO stating the underlying cause 0 and last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? removal, CERTIFICATION YES X please execute the certificate, Fatty alteration of liver NO pe should be 20g. EXTERNAL CAUSE WAS PRIMARY X or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 3 should cremotian, or MEDICAL EXAMINER: CAUSE OF DEATH. Driver involved in three car accident 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) foctory, street, office bldg., etc.)
Beltway YOUR Not While FUNERAL DIRECTOR: Page 3 - 20167 at work Baltimore Balto. Md. 4:50 Poge at work 21. I certify that I taok charge of the remains described above, held an Autapsy X and in my apinian Inquiry Inspection Suicide [ funeral director. death resulted fram: Natural causes Accident X Hamicide Undetermined monner retained CHIEF MEDICAL EXAMINER Health prior to ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 3-21-67 pe DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy Address (Street, city, tawn, ar county) NAME (Type) WERNER U. SPITZ, M.D. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (State) 0 Burial (Specify) 3/24/67 Gardens of Faith Cemetery Balto., Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Munek Funeral Home 3331 Brehms Lane #13 **ADDRESS** 2So. REC'D BY REGISTRAR VR A 15ME (5)

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	16	-	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
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death.	unera	1	PLACE OF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)  a. COUNTY  b. COUNTY  a. STATE  b. COUNTY
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rted	con		5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. OATE OF BIRTH 9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS
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icat	phy n p		13. FATHER'S NAME
Titi	ding ph Then remova		Thomas Coburn Ellen Finnerty
50	attending I ermit. Ther n, or remov		15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (Son)  Address Maryland, 21223
death	he at perm tion,		No Cryst give war or dates of Sarvice 213-07-6938-A William L. Coburn, 56 Broadship Rd. Dundalk
	and the same		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
that the	cian. ed by the transit , cremat	н	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CHURCH  THRS.
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3	ttend has t as t prior		underlying cause last. (c) // / / / / / / / / / / / / / / / / /
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Š	ned uld he		21. I certify that (I) (this hospital attended the deceased from 16/6 7 , 19 to 19 to 19 that (I) (we) las
Ë	sho sho		saw the deceased alive on 3/16/67. 19 , and that death occurred at 3/M, from the causes and on the date stated above
9	be retained of the second of t		ATTENDING MED STAFF
	may be taled tiled		M.O. PHYS.   M.O. PHYS.   3/17/67
10	ERA or, be	1	NAME (Type) Melvin B. Davis M. D. 6800 Mornington Rd. Dundalk, Md. 21222
Unebital	Page 4 may TO FUNERAL I director, pa		
9	Se Paris		23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)  REMOVAL (Specify) 3/20/67 Moreland Memorial Cemetery Baltimore, Marylan
15	6	2	24. FUNERAL DIRECTOR ADDRESS   25a, REC'D BY REGISTRAR'S SIGNATURE
	VR A15 (4)	2	John J. Duda, 7922 Wise Ave. Dundalk, Md. MAR 20 1967 Charles Judge.
	/ (7)	1	1 PAIN III

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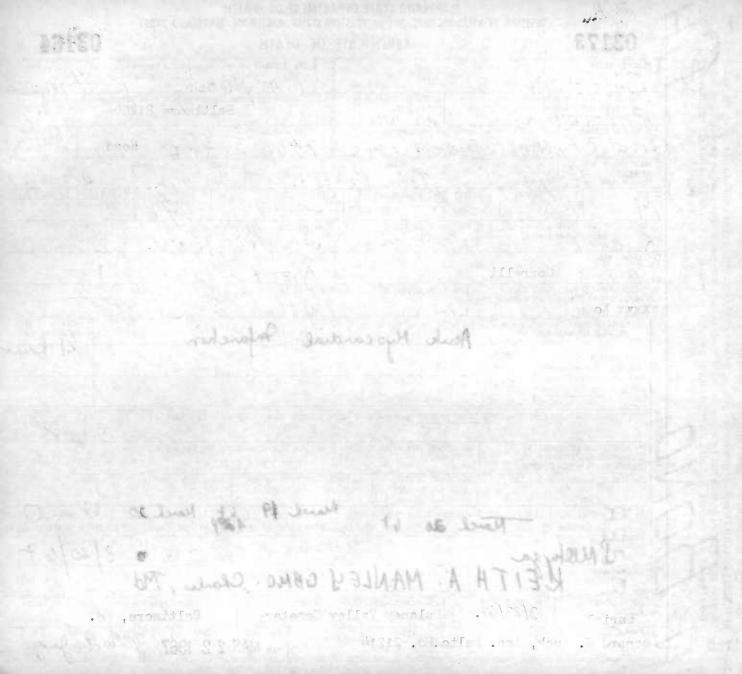
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03172 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) The law requires that the death certificate be executed within 24 hours after MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give papers. Pag Mule RURAL and give nearest town) INSTRUTION (If not in hospital, give street oddress) CENTUS .⊑ d. STREET ADDRESS IS RESIDENCE ON A FARM? filled YES 🗌 NO X NAME OF nog ÷ × DATE Year DECEASED OF DEATH carl apd comp AGE (In years last birthdoy) IF UNDER 1 YEAR 7. MARRIED IF UNDER 24 HR h any even Months Doys Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR BURTHPLACE (County & Stote, or foreign country 12. CITIZEN OF WHAT during most of working life, even if re-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service cremation, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY burial-tronsit IMMEDIATE CAUSE (o) DUF TO burial, GROTIC CARDIOVASCULATO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse or offending prior to last OS hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? MELLITUS NO 20o. ACCIDENT WAS UNDERLYING Page 4 moy be retained by the hospital 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port | or Port || of item | 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) . 1967, that (I) (we) last 21. I certify that (1) (this hospital) attended the deceased from FUNERAL DIRECTOR: saw the deceased alive an 1967, and that death accurred at 10:15 AM, fram causes and on the date stated above 220. SIGNATURE 22b. DATE SIGNED ATTENDING director, poge 3 should be filed v DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S GBMC NAME (Type) 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREO! 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) INKSBURG EVERGREEN /EMI 0 FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03173 03164 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) b. COUNTY MARYLAND by the Pages (If autside carparate limits, c. CITY OR TOWN (If juisde carparate limits, write RURAL and give nearest town)

Baltimore 21204 CLENGTH OF STAY IN 16 illed in by the popers. Page hin 72 hours a write RURAL and give nearest tawn d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM filled Road NAME OF DATE remove carbon Middle Last Manth Day Year completely DECEASED event, (Type or print) DEATH S. SEX 6. COLOR OR/RACE AGE (In years IF UNDER 24 HRS IF UNDER TYFAR 7. MARRIED NEVER MARRIED DATE OF BIRTH offiday) Months Days Haurs WIDOWED DIVORCED and in ony and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) please -INDUSTRY COUNTRY physician LOUW 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol. Correlli ottending p 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, grynknown) (If yes give wor or dotes of service XXXXX No cremotion, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physicion. DUE TO burial Canditions, if ony, which gave (b) rise ta immediate cause (a), DUE TO stoting the underlying cause as the has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? Heolth NO certificote for 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH 40 detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City ar town) 20c. TIME OF INJURY Month, Day, Year (Caunty) (State) Haur a.m. factory, street, affice bldg., etc.) Nat While ot wark at work 1967 to March 20, 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased fram. saw the deceased olive on North and 19 6 t, and that death occurred at 4 20 M, from causes and an the date stated above. DIRECTOR: 22a. SIGNATURE 226. DATE SIGNED MED. DIRECTOR Mellerza 6 director, page 3 should be filed v M.D. PHYS GBMC 22c. PHYSICIAN'S FUNERAL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) REMOVAL (Specify) Dulaney Valley Cemetery Baltimore, Md. 2 Ruck, Inc. Balto .Md. 21214 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Charles



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03165 CERTIFICATE OF DEATH 03174 OR ATTENDING PHYSICIAN: The law requires thot the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY b. COUNTY BALTIMORE MARYT.AND BALTTMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest town)
FORT HOWARD 5h DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM 33 LOCUST VETERANS ADMINISTRATION HOSPITAL DRIVE NO LA NAME OF First Middle 4. DATE carban lost Doy Year and completely DECEASED JAMES COYLE MARCH 1967 IEO (Type or print) DEATH S SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED TY NEVER MARRIED femove birthdoy) Months Hours FEBRUARY 7. WHITE WIDOWED 1903 MALE DIVORCED 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT INDUSTRY BALTIMORE, MARYLAND STATE OF MD. INSPECTOR 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova MARY MULLEN JOHN COYLE 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dotes of service) 212 03 93 85 CLINICAL RECORDS FORT HOWARD, MARYLAND YES 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
PUIMONARY EDEMA INTERVAL BETWEEN RECEAND DEATH IMMEDIATE CAUSE (o) MIKO BRONCHOPNEUMONIA RECENT Conditions, if ony, which gove rise to immediate couse (o), ARTERIOSCIEROTIC HEART DISEASE WITH MURAL stoting the underlying couse THROMBOSIS UNKNOWN PULMONARY AND SPLENIC INFARCTS WAS AUTOPSY PERFORMED? YES X NO hos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) (Stote) (County) foctory, street, office bldg., etc.) at work of work 21. I certify that () (this haspital) attended the deceased fram JAN. 11, 19,67, ta MARCH 6, 19,67, that () (we) lost saw the deceased alive an MARCH 6, 19,67, and that death accurred at 1154 M, fram causes and an the date stated above. be retained TO FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING 3/6/67 X M.D. DIRECTOR director, page 3 should be filed 22c. PHYSICIAN'S O HOSPITAL PETER V. JUVAN, M. D. FORT HOWARD, MARYLAND NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) (Stote) BURLAL (Specify) NEW CATHERAL CEMETERY BALTIMORE, MARYLAND MAR 9 196 24. FUNERAL DIRECTOR FARIEY CAVANAUGH **ADDRESS** VR A15 (4) 25M 1/67 Llas FRED. AVE 212 TO BALTIMORE FUNERAL HOME

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after death	affer death	1. PLACE OF DEATH  o. COUNTY  b. CITY OR TOWN (If out:	Limo Re jide corpogate limits,	MARYLAND	a. STATE //ARY	deceased lived if institution R b. COUNTY orparate limits, write RURAL an	Philimoke
nin 24 hours	corban papers. Pages I ent, within 72 hours affel	d. NAME OF HOSPITAL OR	NSTITUTION (If not in hospital, give	3 hrs.  Pedical Center	#207/2 d. STREET ADDRESS #207/2	RASPE P	e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
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ificate be exer	end in ony ev	10a. USUAL OCCUPATION (Give during most of working life, ex	kind of work dane 10b. KIND (INDU:		11. BIRTHPLACE COUNTY & Stote	15 yrs.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
ne death certific	permit. Ther p	15. WAS DECEASED EVER IN U (Yes, no, ar unknown) (If yes	give wor or dotes of service)	EIAL SECURITY NO. 17. INF	14. MOTHER'S MAIDEN NAME,  FORMANT PAT	ShowN Address Address A	ART
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death be retained by the hospital or attending physicion.  JIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral-	buriol-tronsit permit. Their pleose remove corban par burial, cremation, or removol, each in ony event, within	PART I. DEATH WA	IMMEDIATE CAUSE (o)  DUE TO		ary Solem	N/S (A	INTERVAL BETWEEN ONSET AND DEATH
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OR ATTENDING PHYSICIAN: The low re be retained by the hospital or attending DIRECTOR: After this certificate hos been	director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	21. I certify the saw the decease 22a. SIGNATURE	at (I) (this hospital) attended alive of many	5 19 6/, and that a	death accurred at ATTENDING - MED.	STAFF _ \(\frac{2}{2}\)	196), that (1) (we) los an the dote stated abave 2b. DATE SIGNED
TO HOSPITAL OR Poge 4 moy be	ld be filed	22c. PHYSICIAN'S NAME (Type)	MANUEL A.	SONGON	PHYS. DIRECT	- Charles S	t - h2
OH OL OF OLO OL OF OL OF OLO OL OF OLO OL	0	230. BURIAL, CREMATION, REMOVAL (Specify)  24. FUNERAL DIRECTOR	3/20/67	23c. NAME OF CEMETERY OR CR HOLY ROSAR ADDRESS	/ Cem.	Bd. LOCATION (City or Town)  Balto, /  EGISTRAR  25b. REGISTR  1967	(Caunty) (Stote)
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03176 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Baltimore o. STATE b. COUNTY Md. 2, and 3 ta PM3. Page Baltimore MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 72 haurs after Baltimore 21234 owson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS rd "pending" in pencil in Item 18. Give Pages 1, Chief Medical Examiner's Office alang with farm in pencil in Item 18. Give Pages 1, 8742 Lackawanna Ave. DOA-St. Joseph's Hospital NO F YES 3. NAME OF 4. DATE Month Lost Doy Year DECEASED March 1967. R. Davenport within (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE (In years S. SEX B. DATE OF BIRTH 7 MARRIED NEVER MARRIED last hirthday) Manths Days Hours White December 4,1919 Female WIDOWED DIVORCED 24 haurs and 2 11. BIRTHPLACE (Stote or foreign country)
Maryland 10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if retired) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? IISA INDUSTRY pages any 14. MOTHER'S MAIDEN NAME be executed within 13. FATHER'S NAME Lawrence J. Franz Margaret Kelly and or permit. File 17 INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, ocunknawn) (If yes give war ar dates of service) 212-01-2902 Mr. William H. Davenport (Same) ar remayal 1B. CAUSE OF DEATH (Enter only one couse per line SPART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN 16), (b), and (c).) burial-transit IMMEDIATE CAUSE (a) This certificate shauld writing the ward crematian, DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause as burial, a PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? please execute the certificate. NO agent, priar ta 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING L'AL EXAMINER: CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page at work at wark designated 21. I certify that I tack charge of the remains described above, held an Autapsy \(\pi\), Inspection and in my apinian Inquiry far the funeral directar. death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER 22 DATE SIGNED SSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles F.O'Donnell, M.D. Health Address (Street, city, tawn, or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) 50 Lorraine Park Cemetery REMBYAL (Specify) 3/13/67. Baltimore, Md. 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS Ruck. Inc. Balto. Md. 21214 VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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			IN	DUSTRY			& Stote, or foreign cou	ntry)	COUNTRY	?
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()	S. WAS DECEASED EVE (es, no, of unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dates	of service) 16.	SOCIAL SECURITY NO.						East Coulon
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		eceased alive an_	3 22	19610	and that	death accurred at	33° AM, fram			
	220. SIGNATURE	( oul	a. K	fullin	lumo	PHYS.		TAFF	22b. DATE SIG	NED 23/67
L	22c. PHYSICIAN'S NAME (Type)	Paul G.	Koukou	M.D.			Donnell	St.,		
23	BEMOYAL (Specify									y) (Stote)
	4. FUNERAL DIRECTO		Dundal			250. REC'I				

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death. **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician.

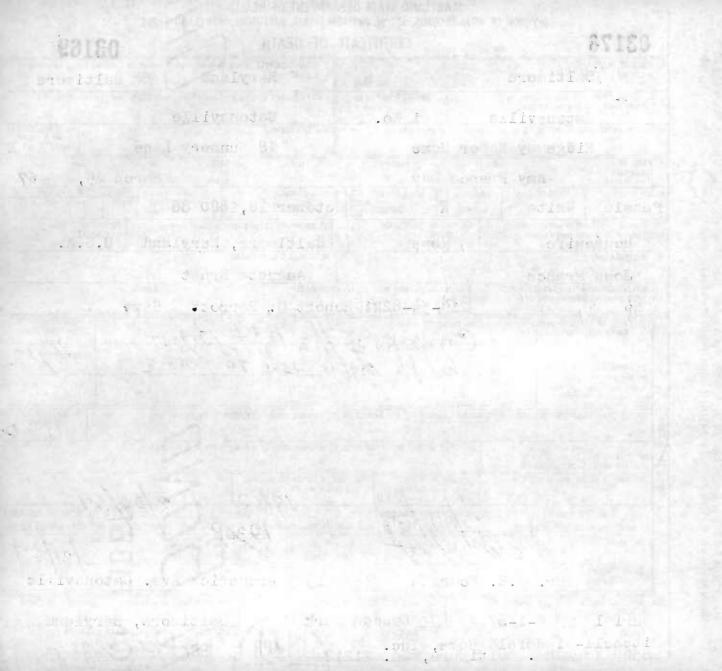
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## MARYLAND STATE DEPARTMENT OF HEALTH

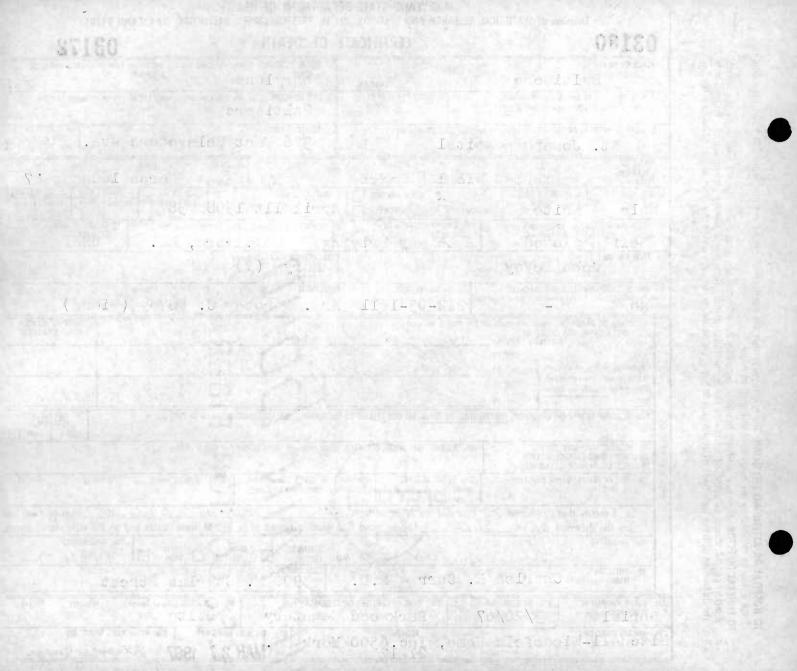
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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1	o. COUNTY B	altimore		MAR	RYLAND	2. USUAL RESIDENCE ( o. STATE Mar	Where deceosed live yland	d, if institution: I b. COUNTY	Residence befor Baltin	e odmission) nore
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	d. NAME OF HOSPITA	L OR INSTITUTION (If not	in hospitol, g	give street oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
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1	3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME	7 1		
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	S. WAS DECEASED EVER Yes, no. or unknown) ( NO	IN U.S. ARMED FORCES? (If yes give wor or dotes of	Conticol	SOCIAL SECURITY NO. 4-54-822		bert G. F	arrott	Address Same		
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	220. SIGNATURE	WE!	1	fath	M.D		MED. DIRECTOR	STAFF PHYS.	22b. DATE SIGN	31/67
	22c. PHYSICIAN'S NAME (Type)	Dr. W.E	. McG	rath		22d. ADDRESS 1303 Fre	ederick	Ave. C	atons	ville
2	30. BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THE	REOF	23c. NAME OF CEM	METERY OR (	REMATORY	23d. LOCATION	, ,	(County	
1	Burial	4-1-0	7		don F	ark	Balti	more.	Maryl.	and
	24. FUNERAL DIRECTOR Mitchell	-Wiedefel	d Hom	ADDRESS The			D BY REGISTRAR		RAR'S SIGNATU	



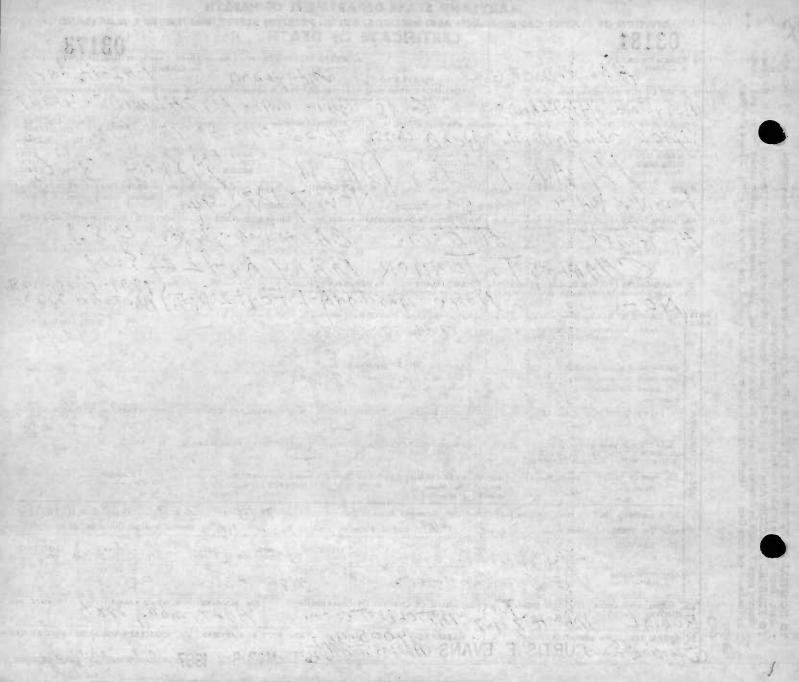
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH be executed within 24 hours after death dear PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE b. COUNTY hin 72 haurs after Baltimore MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) Rural- Randallstown Rural- Randallstown filled in papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Chapel Hill Nursing Home 8931 Liberty Rd NO 3 × 3. NAME OF Middle 4 DATE Doy Year campletely DECEASED 1967 (Type or print) DEATH event. Stanley Chester S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours 6/18/1887 White WIDOWED 1 DIVORCED and in any 10b. KIND OF BUSINESS OR 10o, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** Md. U.S.A The law requires that the death certificate etired Owner Bus Service Trans 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remayal David Dav Martha Miller 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 2/6-07-98/0/Stanley C. Day Jr.-8931 Liberty Rd. (Yes, no or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: -arcinome IMMEDIATE CAUSE (o) DUF TO Conditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending this certificate has been the prior to lost. SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached far use State Dept. af Health NO X 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work FUNERAL DIRECTOR: After 1960 to 3 21. I certify that (I) (this hospital) attended the deceased from. . 196 2. that (1) (we) las , and that death occurred at M, from causes and an the date stated abave saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF ATTENDING M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Morton Ellin 8629 Liberty Rd. Randallstown. directar, should b 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Burial (Specify) 3/6/67 Carroll Co. Lake View Memorial 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Loring Byers-8728 Liberty Rd. Randallstown, Md DATE

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence 1. PLACE OF DEATH a. COUNTY MARYLAND 17 P b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RURAL write RURAL and give nearest tow MCREI d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) YES T NO C NAME OF 4. DATE DECEASED OF DEATH (Type or print) IF UNDER 24 HRS. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIE 7. MARRIED NEVER MARRIED bjrthday) Months Days Hours WIDOWED I DIVORCED USUAL OCCUPATION (Give kind of work AGE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done, during most of working life, even if retired ouse wi 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) | (If yes give war or dates of service) INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying causa last. (c) WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? NO DO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (County) (State) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. While at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from....... 19.6...., and that death occurred at 1.14 M. Dyny the causes and on the date stated above. saw the deceased alive on..... 22b. DATE 22a. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S JER MOORIES NAME (Type) 238. BURIAL, CREMATION, 236. DATE THEREO 29 C 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) MORP 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ADDRESS 14 FUNERAL DIRECTOR'S SIGNATUR VR A15 mda/22 DATE

RYLAND STATE DEPARTMENT OF HEALTH



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relation by the hospital of differential private in	ECTOR: After this certificate has been signed by the attending physicion ond completely filled in by the funefal	shauld be detached for use as the buriol-transit permit. Then please remove arrhein papers. Pages 1 and 2	ate Dept. of Health prior to
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PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. STATE b. COUNTY Baltimore MARYLAND Maryland CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give neorest tawn) write RURAL and give nearest town) Baltimore 21206 Towson e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS 8605 Dalegge Rd. St. Joseph Hospital YES NO X NAME OF Middle 4. DATE First Lost Month Day Year DECEASED DiLegge Sr. Dominic March 11. 1967 (Type or print) DEATH SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours October 16, 1875 WIDOWED DIVORCED Male . White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during nest of warking life even if retired)
Retired Balto. INDUSTRY COUNTRY? USA Italy Employee 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Anthony Dilegge 16. SOCIAL SECURITY NO. Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknawn) (If yes give war ar dotes of service) 219-32-1508 Mrs. Mary Dilegge (Same) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Acute pulmonary edema DUE TO Canditians, if ony, which gove Arteriosclerotic heart disease (b) rise to immediate couse (o), DUE TO stating the underlying cause WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Terminal pneumonia NO X 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING [ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or tawn) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Haur a.m. foctory, street, affice bldg., etc.) Nat While ot work ot work 21. I certify that N (this haspital) attended the deceased fram_ 1967 , to_ 1967, that 20 (we) last saw the deceased alive an 3/11 19.67, and that death accurred at 11:25M, fram causes and an the date stated above 22a. SIGNATURE 22b. DATE SIGNED MED. PHYS. March 11, 1967 M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Jaime Singzon, M.D. NAME (Type) 7620 York Rd., Towson, Md. 21204 23c. NAME OF CEMETERY OR CREMATORY
Moreland Memorial Cemetery 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) Md. (County) (Stote) REMOVAL (Specify) 24. FUNERAL DIRECTOR ADDRESS 2Sb. REGISTRAR'S SIGNATURE Leonard J. Ruck, Inc. Balto. Md. 21214

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ficat ysicio plec al, ai	13.	FATHER'S NAME	W1 1-C 1		14. MOTHER'S MAIDEN	I NAME	w.S.w,
certi g ph hen nove		OLLiver	Wentu		Kat	e HuBBard	
The law requires that the death certificate be executed within 24 haurs after death attending physician.  has been signed by the attending physician and campletely filled in by the funeral se as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 th priar ta burial, crematian, or removal, and in any event (within, 72 haurs after death	15. (Ye	WAS DECEASED EVER IN U.S., es, no, or unknown) (If yes gi	ARMED FORCES? ve war ar dates af service)		NFORMANT Mrs		Liebau
atte perm an, c		NO		219-54-3092	Spring	Grove Kec	ords INTERVAL BETWEEN
that the dion. by the att transit perr		PART I. DEATH WAS	rer only one cause per line CAUSED BY: MEDIATE CAUSE (a)	Pardice Fail	ure.		ONSET AND DEATH
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IDING PHYSICIAN: The law real by the hospital or attending After this certificate has been is be detached for use as the state Dept. af Health priar to			T CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE	ONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
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IAN: al a ficat far Hea	MEDICAL CERTIFICATION	20a. ACCIDENT WAS UNDERL OR CONTRIBUTING (**) CAUSE		. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in	Part I ar Part II of item 18.)	
vsic ospit certii hed bt. af	IL CER	(IF EITHER, NOTIFY MEDICAL	EXAMINER)				
DING PHYSIC by the hospi ffer this certi be detached State Dept. a	NEDICA	20c. TIME OF INJURY Man Haur a.m.	W	hile Nat While facto	E OF INJURY (Home, for ary, street, affice bldg., et		(County) (State)
by the ffer pe de	-	p.m.		wark 🔲 at wark 🔲 tended the deceased fram	12-6	1026 An 2-11	10 67that (1) (wa) las
R: A the		sow the deceased		-// 19.67, and that	death occurred	19 25 ta 3 -// at 6 4 M, from causes and	on the date stated abave
ITAL OR ATTENI may be retained RAL DIRECTOR: A , page 3 shauld be filed with the		22a. SIGNATURE	18711	MAN	ATTENDING		2b. DATE SIGNED
OR be r DIRE		22c, PHYSICIAN'S	nminjuj	)-NI-D. M.D	22d. ADDRESS	DIRECTOR PHYS.	3/11/4/
May RAL RAL be fi			VELIOA!	FELIPE	III. ADDITION		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre-	230	BREMEYAL (Specify)	23b. DATE THEREOF	23c. NAME OF CEMETERY OR (		23d. LOCATION (City or Town)	(County) (State)
Page Pripa			3/14/67	Bel Air Me			
VR A15 (4) 20 M 1/66	24	HENRY SAND	ER & SONS	INC. BALTIMOR	E MD. DATE	R 1 5 1967 256 PRECESTE	AR'S SIGNATURE

to Maria Vadet : autor gould and ASH RELEASE, THE RESIDENCE WAS RECEIVED AND THE

MARYLAND STATE DEPARTMENT OF HEALTH

	03184 CERTIFI	CATE OF DEATH	03176
1.	PLACE OF DEATH  0. COUNTY  BALTIMORE  MARYL  b. CITY OR TOWN (If outside corporate limits.  c. LENGTH OF STAY IN		<b>√</b>
	write RURAL and give nearest town)  FORT HOWARD  20 DAYS		30-4
	d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
1	VETERANS ADMINISTRATION HOSPITAL	3241 MAGNOLIA AVENUE	YES NO
3.	NAME OF First Middle DECEASED (Type or print) CARL HAROLD	Lost 4. DATE Month OF DEATH MARCH	Day Year 26 19 67
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH  TEBRUARY 6, 1897  9. AGE (in yeors lost birthday) Months 70  yrs.	ER I YEAR IF UNDER 24 HRS s Days Hours Min.
du	. USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)  COOK  10b. KIND OF BUSINESS OR INDUSTRY RESTAURANT	WEST HILL, OHIO	CITIZEN DF WHAT COUNTRY?
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	WILLIAM DIXON  WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. s, no, arunknown) (If yes give wor or dotes of service)  YES WIL 1 333 14 96 38	MAMIE JENKINS  17. INFORMANT  VA HOSPITAL  CLINICAL RECORDS FORT HOWARD.	MARYLAND
	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o)  CARCINOMA OF T	CONGUE & FLOOR OF MOUTH	UNIKADWATH
	Canditions, if any, which gove isse to immediate cause (o), stating the underlying cause DUE-TO-		RECENT
	lost. (c) PULMONARY EDEM	IA, MARKED, BILATERAL	RECENT
ATION	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATIVE CARDIOVASCULAR D		19. WAS AUTD PSY PERFORMED?  YES NO
L CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CURRED. (Enter nature of injury in Part I ar Part II of item 18.)	
MEDICAL	Hour o.m. p.m. 19 While Not While of work of work	foctory, street, office bldg., etc.)	(County) (Stote)
	21. I certify that (*) (this hospital) attended the deceased f sow the deceased alive on <u>MARCH 26</u> 19 <u>67</u> , at		
-	22a. SIGNATURE Mitter Heusberg	M.D. PHYS. MED. STAFF PHYS.	3/27/67
	25c. PHYSICIAN'S NAME (Type) MILITON GINSBERG, M. D.	VAH FORT HOWARD, MARYLAN	D
L		PARK CEMETERY DOGWOOD ROAD, BA	(County) (State)  LTIMORE, MD.
	I. FUNERAL DIRECTOR  ADDRESS  WM. J. TICKN		les Judge

to Hospital or attending Physician. The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03185 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Baltimore b. COUNTY o. STATE Maryland attending physician and campletely filled in by the tur permit. Then please remave carbon papers. Pages 1 an, ar remaval, and in any event, within 72 haurs after MARYLAND The law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) Baltimore Wings Mills ( Yrs. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) vrs. e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO SC Rosewood State Hospital 2430 Etting St. 3. NAME OF Middle 4. DATE Month Dov Year First Lost DECEASED Phillip 1967 Alexander Dixon DEATH March (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years S SEX 6. COLOR OR RACE 7. MARRIED x NEVER MARRIED lost birthday) Months Doys Hours WIDOWED DIVORCED Male Negro 9-16-44 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 10o. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY Baltimore 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, crematian, ar remaval, Ollie Lee Dixon Obadiah Thompson 17. INFORMANT Address 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) Medical Records. Rosewood State Hosp. none none INTERVAL BETWEEN TB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit arres signed by IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stating the underlying cause **JO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Not While ot work ot work , 1960 to 3-21 , 1967, that \$1) (we) last 21. I certify that (th) (this haspital) attended the deceased fram 3-34. saw the deceased alive an 3/2/ 1967, and that death accurred at 330 M, fram causes and an the date stated abave. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. M.D. PHYS 22d. ADDRESS 22c. PHYSICIAN'S Rosewood State Hosp., Owings Mills, Md. NAME (Type) Zsolt Koppanyi 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23a. BURIAL, CREMATION, REMOVAL (Specify) ALTO! SURIA 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03178 03186 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY b. COUNTY and 3 ta M3. Page Maryland BALTIMORE BALTIMORE MARYIAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) PM3. Essex Essex d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 42 Chandell Road 42 Chandell Read NO -Give Pages YES be executed within 24 hours after death. 3. NAME OF DATE (Pronouncied) First Middle Year Day DECEASED RALPH DODD March 30. 19 67 Type or print) DEATH along IF UNDER 1 YEAR SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Manths Dovs Haurs in Item 18. WIDOWED DIVORCED White Office | Male 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Airplane Mechanic
13. FATHER'S NAME North Carolina
14. MOTHER'S MAIDEN NAME please execute the certificate, writing the word "pending" in pencil in I directar. Page 4 should be farwarded to the Chief Medical Examiner's Wesley Dodd Lily Justice 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, or unknown) (If yes give wor or dotes af service) any event within Yes World War II Mrs. Alma L. Dodd 42 Chandell Rd. Essex.Md. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY Asphyxia IMMEDIATE CAUSE (o) This certificate shauld DUE TO Conditions, if ony, which gove Carbon Monoxide rise to immediate cause (a), = DUF TO stating the underlying cause and Conflagration 19. WAS AUTOPS) remaval PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? YES X 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 1B.) 3 shauld MEDICAL EXAMINER: CAUSE OF DEATH. Mattress caught fire crematian, 20c. TIME OF INJURY Month Day Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form 20f. (City or town) (County) (Stote) Nat While foctory, street, affice bldg., etc.)
Home While FUNERAL DIRECTOR: Page 1967 at work Essex BALTIMORE MD. p.m. 3-30 21. I certify that I taak charge af the remains described above, held an Autapsy [X], Inquiry , Inspection . and in my apinian death resulted fram: Natural causes , Accident x Suicide . Hamicide Undetermined manner retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER X SIGNATURE Health priar DEPUTY MEDICAL EXAMINER Charles S. Springate, M.D. March 31, 1967 **EXAMINER'S** Address (Street, city, tawn, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 0 Weaverville, North Carolina 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15ME (5) 6M 1/67

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FUNERAL DIRECTOR: After

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## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

IS RESIDENCE ON A FARM?

Year

IF UNDER 24 HRS.

YES 🗌

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CERTIFICATE OF DEATH 03187 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) write RURAL and give neorest tawn)
Rosedale Rosedale d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 8051 Philadelphia Road 8051 Philadelphia Road 3. NAME OF Middle Lost 4. DATE Month Oov DECEASED (Type or print) **ELIZABETH** DOERING March 3 S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED lost birthdoy) Months Days 8/11/93 female white WIDOWED X DIVORCED 10g HSHAL OCCUPATION (Give kind of work done 10h KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore, Md. Bendix Corp. Instrument Packer 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Peter Homan Minnie Borgmann 17. INFORMANT 21206 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) -22-0563 Margaret Ciampa, dght, 8051 Phila, Rd. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 20o. ACCIDENT WAS LINDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dov. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour a.m. factory, street, office bldg., etc.) While Not While at work at work 21. I certify that (1) (this hespital) attended the deceased fram Delalier , 1967, to Mar 3 . 1967, that (I) (we) last 1967, and that death occurred a 122 AM, from causes and on the date stated above. saw the deceased alive an-220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIÁN'S John B. Littleton Old North Point Rd. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Baltimore, Md. 3/6/67 Parkwood Cemeterv

director, page 3 should be filed v VR A15 (4) 20 M 1/66

24 FUNERAL DIRECTOR Schimunek Funeral Home, ADDRESS Inc.

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FOR STATE	0318		ICAL EXAMINER'S	CERTIFICATE	OF DEATH	)3180
HEALTH DEPT	a. COUNTY		1	2. USUAL RESIDENCE a, STATE	(Where deceased lived, If Institution b. COUNTY	F7
First bears	h. CITY OR	DALTINI TOWN (If outside corporate lim		1991	utside corporate limits, write RUR	AL and give nearest town)
o the funeral e 5 may be e 5 may be Department after death.	write RU	TOWN (If outside corporate lim	2 days	Ru	ra)-Spark	S. 03-1
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any delay is 2, and 3 to PM3. Page PM3. Page h the State h the State	. NAME OF DECEASED (Type or pri	int) FIASAN	Ted A	Dolly 4	4. DATE Month DEATH MAYCH	3. 1967.
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ours aft n 18. G a along pages 1 in any	3. FATHER'S	NAME C		14. MOTHER'S MAIDE	N NAME	
14 hour less of the part of th	US (	SED EVER IN U.S. ARMED FORCES	?   16. SØCIAL SECURITY NO.   4.7	INFORMANT CONT	e nomp	5071.
nin 24 ris 10 ris 10 nit. F	Yes, no por dinker	wn) (If yes give war or dates of service	220-24-703411	bro. Josephine	Meada Joh	ha. Md.
within 2 pencil in miner's O permit. I		OF DEATH [Enter only one caused by:	se per line for (a), (b), and (c).]	1	7 / / /	INTERVAL BETWEEN ONSET AND DEATH
Exa Exa ansit	1/2/	IMMEDIATE CAUSE (a)	wrongs	y ocches	Class .	- Justant
e exemple dical		If any, which ) (b)_				
uld be executed d "pending" in ef Medical Exan a burlal-transit , cremation, or i	cause (a)	to immediate DUE TO				
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ficate shoul the word o the Chiel used as a to burial,						YES NO
R. This certificate, writing forwarded to 3 should be agent, prior	PART II. OTI	RNAL CAUSE WAS TO CONTRIBUTING DEATH.	20b. DESCRIBE HOW INJURY OC	CURRED. (Enter nature of I	Injury In Part I or Part II of Item	18.)
MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If tecute the certificate, writing the word "pending" in pendil in Item 18. Give Pages 1, Page 4 should be forwarded to the Chief Medical Examiner's Office along with form for your files.  L DIRECTOR: Page 3 should be used as a burlal-transit permit. File pages 1 and 2 with or its designated agent, prior to burial, cremation, or removal, and in any event within	20c. TIME	OF INJURY Month, Day, Year a.m. p.m. 19	20d. INJURY OCCURRED   20e. P   While   Not While   fac   at work   at work	LACE OF INJURY (Home, fari story, street, office bldg., etc		(County) (State)
MINING THE PAGE	21. I ce	71111	the remains described above, I	neld an Autopsy,	Inspection , Inquiry	, and In my opinion
the certification of the certi	death re	sulted from: Natural caus	ses Z, Accident ,	Suicide, Homicide		ier 🔲
MEDICAL ecute th Page 4 s or your 1	ACTUAL	dim.	Transco	CHIEF MEDICAL M.D. ASSISTANT MEDI		22. DATE SIGNED
execute Page 1 for your NAL DIRE	SIGNATURI	75		DEPUTY MEDICA	L EXAMINER 4	3/17/67
TO DEPUTY MEDI please execute director. Page retained for yo TO FUNERAL DIR of Health or it.	NAME (Typ	(8)	EOF 1 23c. NAME OF CEMEIS	Address (Street,	23d. LOCATION (City, town or	county) (State)
ple direction of Fig.	BREMOVAL	CREMATION, 23b. DATE THERE	1967 Delly (	emeterr	Old Fields,	W. Va.
(	24) PUNERAL	DIRECTOR T	ADDRESS	Par 25d REC'	1 5 1967 Holland	RAR'S SIGNATURE
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PLACE OF DEATH  a. COUNTY  BALTIMORE  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If Institution: Re a. STATE b. COUNTY	
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EATHER'S NAME		1.S.A .
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Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  DUE TO  DUE TO  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED.		19. WAS AUTOPS' PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	E OF INJURY (Home, farm.) 20f. (City or town) (Cour	•
21. I certify that ( (this hospital) attended the deceased from	3/20 ,1967, to 3/20, 196	Z_, that (1) (we) la
22a. SIGNATURE	death occurred at /:/c/M, from the causes and on th	ne date stated abov ATE SIGNED
22c. PHYSICIAN'S MAME (Type) MARGARST E. LANG MD	22d. ADDRESS   BALTIMOR & MEDICAL	CENTER
	OR CREMATORY   23d. LOCATION (City, town or cour	nty) (State)
)a 11 3.	D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  BALTIMORE  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  CREATER BALTIMORE MEDICAL CENTER  NAME OF DECEASED (Type or print)  SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NORCED INFORMATION (Give kind of workdone)  OR JUSUAL OCCUPATION (Give kind of workdone)  INDUSTRY  B. USUAL OCCUPATION (Give kind of workdone)  OR JUSUAL OCCUPATION (Give kind of workdone)  INDUSTRY  B. USUAL OCCUPATION (Give kind of workdone)  OR JUSUAL OCCUPATION (Give kind of workdone)  INDUSTRY  TO SEPH DANNEWS C.E.  S. WAS DECEASED EVER INU.S. ARMED FORCES?  es, no, or unkown) (Ifyes give war or dates of service)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  C. LENGTH OF ENTRY IN 1b  L. FE  MIDDUSTRY  DON  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).]  PART II. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATIONS  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTICEY MEDICAL EXAMINER)  20a. ACCIDENT WAS UNDERLYING DON  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTICEY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED A work at work a	D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town).  D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town).  C. LENGTH OF STAY IN 1D C. CITY OR TOWN (if outside corporate limits, write RURAL BAPTIME C. LENGTH OF STAY IN 1D C. CITY OR TOWN (if outside corporate limits, write RURAL BAPTIME C. C. LENGTH OF STAY IN 1D C. CITY OR TOWN (if outside corporate limits, write RURAL BAPTIME C. C. LENGTH OF STAY IN 1D C. C. STREET ADDRESS  D. C.

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## MARYLAND STATE DEPARTMENT OF HEALTH

AND DECORDS 201 W DESTON STREET PAITIMORE MADVIAND 21201

03190	CERTIFICATE	OF DEATH		03182
PLACE OF DEATH     O. COUNTY		2. USUAL RESIDENCE (	Where deceosed lived, if institution b. COUNT	
BALTIMORE	MARYLAND	O. STATE MARY	LAND B. COM	BALTIMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If or	utside corporote limits, write RURA	
CATONSVILLE	3 415. 8 MOS.	PERRY	HALL 21128	03-1
d. NAME OF HOSPITAL OR INSTITUTION (If not in hos	pitol, give street oddress)	d. STREET ADDRESS	Richlun	e. IS RESIDENCE ON A FARM?
SPRING GROVE STATE	HOSPITAL	9937	KAROKKAUKA	DR. YES NO W
3. NAME OF First DECEASED	Middle	Lost	4. DATE Month	Doy Year
(Type or print)		UMMOND	DEATH /V/4/C	
S. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED 8	. DATE OF BIRTH		Months Doys Hours Min.
1 -11/100	OWED DIVORCED	8/20/	92 74 yrs.	
	IOB. KIND OF BUSINESS OR		& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOSTESS 1	estaurant	CZECHASI	111	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		
JOSEPHYLESELY		MARY	Unknown	
<ol> <li>WAS DECEASED EVER IN U.S. ARMED FORCES?</li> <li>(Yes, no, or unknown) (If yes give wor or dotes of service)</li> </ol>	1111	NFORMANT	Address	Richlym
No	Unknown	-OUIS F. V	ESELY 493	7 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
18. CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY:	1 // 1 //			INTERVAL BETWEEN ONSET AND DEATH
1/0 / 1MMEDIATE CAUSE (o)	Brond	hial Pneum	onia	ONSET AND DEATH
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
5				YES 🛣 NO 🗌
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTION COLOURS OF DEATH OF STITLE PROJECT OF MANIEN	Ob. DESCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in	Port 1 or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		E OF INJURY (Home, form ory, street, office bldg., etc.		(County) (Stote)
p.m. 19	at work of work			
21. I certify that (I) (this hospital)		7-16,	19 <u>63</u> , ta <b>3-70</b> -	, 19.67, that (I) (we) las
saw the deceased alive on MARC	- <del>11</del> , 10 19 <u>67</u> , and that	death occurred at	<u>ω ρ. Μ, fram causes a</u>	
220. SIGNATURE	oillo	ATTENDING	MED. STAFF	22b. DATE SIGNED
On DIMERIANE	M.D	PHYS. LJ	DIRECTOR L PHYS.	MARCH, 10, 1967
22c. PHYSICIAN'S NAME (Type) MORRIS ME	EILLER		GROVE STAT	E HOSPITAL
230. BURIAL CREMATION. 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		23d. LOCATION_(City or Town	n) (County) (Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after deat VR A15 (4) 20 M 1/66

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

Ruck, Inc. Balto. Md. 21214 DATE

emetery 250. REC'D BY REGISTRAR

Baltimore, Md. 25b. REGISTRAR'S SIGNATURE

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5		BALT	AL OR INSTITUTION (If no O . COUNT	西	give street address) ENERAL HOP	d. STR	REET ADDRESS Q7	tile m	A De	e. IS RESIDENCE ON A FARM? YES NO	7
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	13.	FATHER'S NAME BERA	ARDD U B	ANS		1	OTHER'S MAIDEN NAME	PECKE	R		
	(Ye	WAS DECEASED EVE s, na, ar unknown) M.O	R IN U.S. ARMED FORCES? (If yes give war ar dates o	of service)		INFORMA	ant Ray Dubansku	Addr	rau	k De. Apa	-(
			EATH (Enter only one cou TH WAS CAUSED BY: IMMEDIATE CAUSE	use per line far	(0), (b), and (t).) MYC		DIAL IN			INTERVAL BETWEEN ONSET AND DEATH	1
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	MEDICAL		URY Month, Doy, Yeor n.	20d. II While of war	Not While f		JURY (Home, form, 2) et, office bldg., etc.)	Of. (City or town)	(Caunt	ty) (State)	
			fy that (I) (this has	spital) atten	ded the deceased fram.	at death	n accurred at 9:20	PM, fram causes	and an the	, that (I) (we) le date stated abo	as VE
		220. SIGNATURE		Tong	at N ma	ATT M.D. PHY	TENDING MED.	OR STAFF PHYS.	22b. DATI	E SIGNED	
1		22c. PHYSICIAN'S NAME (Type	DR. 341	MUEL	TOMPAKO	22	ed. ADDRESS  Baltimore	County Gen	eral H	ospital	
		BURIAL, CREMATIC	)	EREOF	23c. NAME OF CEMETERY C		ORY Shard 23d	LOCATION (City or To Baltin	iwn) (C	ounty) (Stote) aryland	
1		Burial FUNERAL DIRECTO		Inc	ADDRESS 6010 Reister		2So. REC'D BY REC	GISTRAR 2Sb. R	EGISTRAR'S SIGI		
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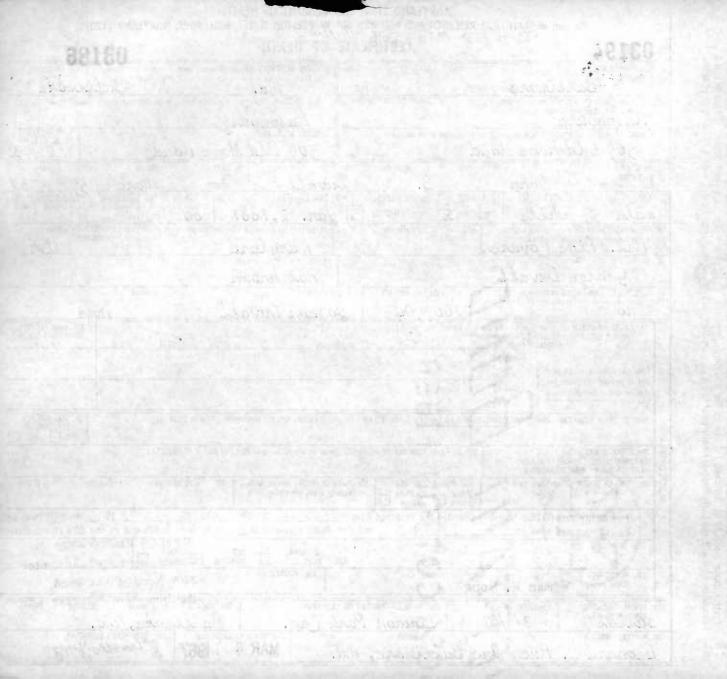
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE POR ANIMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03195 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death PLACE OF DEATH-2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND tely filled in by the fire from popers. Poges , within 72 hours afte by the Poges b. CITY OR TOWN (If outside carparate limits c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) daive neorest tawn) d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 56 YES NO NO NAME OF corbon DATE Last Manth Day Year DECEASED OF ond complete and in any event. 1967 (Type ar print) DEATH S. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED Months WIDOWED DIVORCED YIS. pyo 10b. KIND OF BUSINESS OR 10o, USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) COUNTRY aryland BALTO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal. SCHWARTZ XXXXXJOHN 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT permit. (Yes, na, or unknown) (If yes give war or dates of service .Baltimore21206 Marglenn Ave buriol, crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN signed by the buriol-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove (b) rise ta immediate cause (a), DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending the State Dept. of Health priar ta last has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO YES this certificate Po 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) Not While at work at wark 21. I certify that (1) (this haspital) attended the deceased from. March and that death occurred at 5:50AM, fram causes and on the date stated above. saw the deceased alive on March 1967 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 967 director, page 3 should be filed v M.D. PHYS ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) Mel 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (County) (State) BURNOVA (Specify) 11/67 FIRST EVANGELICAL CEM. BALTIMORE MARYLAND 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Charles

03193 Comme of the control of the co The telegraphy was breaking to a significant with AND AND THE WAR SHAPE TO SERVE THE STANKE STANKED SOSISON NEW YORK STANDARD SERVICE STANDARD SERVICE SER  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deal

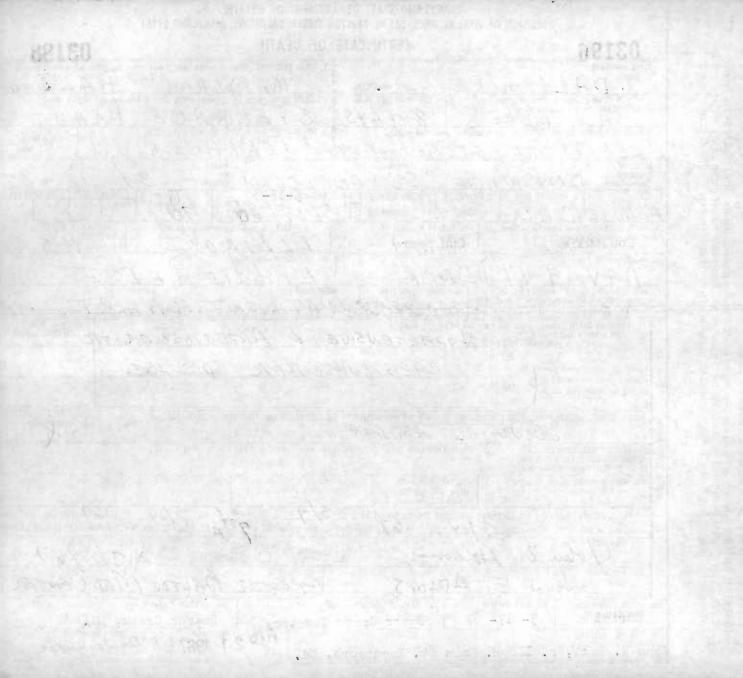
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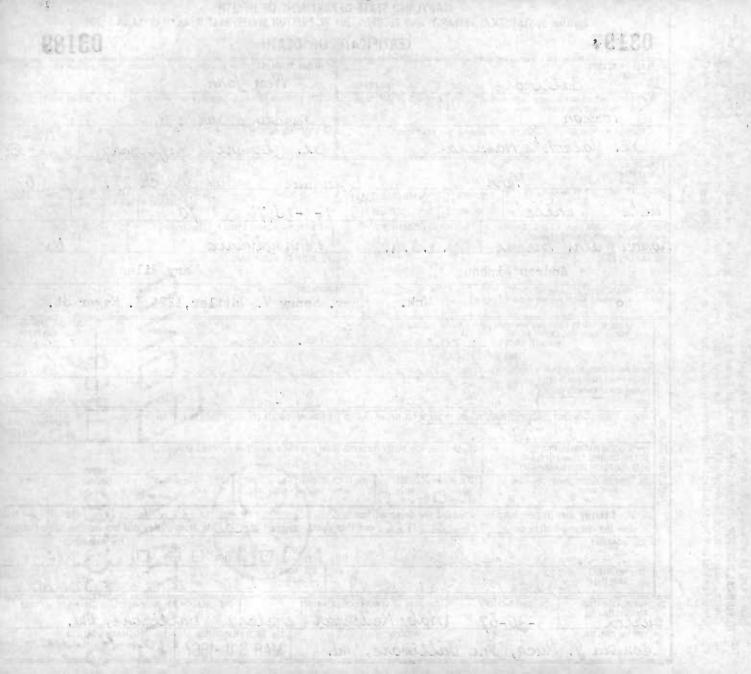
## MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF	VITAL	RECORDS,	301	W.	<b>PRESTON</b>	STREET,	BAI	TIMORE,	MARYLAND	2120

		03196	CERTIFICATE	OF DEATH	03188				
		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed lived, if insti					
	(	O. COUNTY BAITIN	ORE MARYLAND	O. STATE MARYLAND b. CC	BAL timore				
	I	b. CITY OR TOWN (If outside carporate lim	its, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write I	750				
		Write RURAL and give nearest town)	E 8dAYS	2, IEKKACE	RAAd. 03-1				
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			First Middle	/ 05	onth Doy Year				
19	(	OECEASED (Type or print) BURN	ICE SUSAN	LCCAKG DEATH -	3/ 14 1967				
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	E	EMALE CAU	WIDOWED DIVORCED	3/17/80 70 Yrs.					
		. USUAL OCCUPATION (Give kind of work don ing most of working life-even if retired)		11. BIRTHPLACE (County & Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
		ing most of working life even if retired)	Own Hoping	11/1/015	U.S.A				
	13.	PATHER'S NAME	DI-MIAN	14. MOTHER'S MAIDEN NAME	-0				
	16	DAVIANI	DENOR	LIDAIE KE	ESE				
		WAS DECEASED EVER IN U.S. ARMED FORCES es, no, or unknown) (If yes give wor or dotes		JEORMANT Ad	dress				
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		18. CAUSE OF DEATH (Enter only one of PART I. DEATH WAS CAUSED BY:	111251-515416	= 1 PATTERDINER	INTERVAL BETWEEN ONSET AND DEATH				
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		rise to immediate couse (a),	IE TO	SUV-IIIC VISICAS					
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,	-	PART II. OTHER SIGNIFICANT CONDITIONS	19. WAS AUTOPSY PERFORMED?						
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	Œ	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (	Enter nature of injury in Port I or Part II of item 18.)					
	L CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)							
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.		E OF INJURY (Home, farm, 20f. (City or town)	(County) (Stote)				
	WE	p.m. 19	While Not While of wark of the state of the						
			ispital) attended the deceased from	3/7 1967, to 3/14	, 196 ), that (I) (we) last				
		saw the deceased alive an_	3/14 196/, and that	death accurred at 23 AM, fram cause	s and an the date stated above.				
		220. SIGNATURE	Adams M.D.	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	3/14/67				
1	22c. PHYSICIAN'S / 22d ADDRESS								
/		NAME (Type) JOHN E	: FTUAM)	GREATER PALTO.	MED. CENTER				
	230	D. BURIAL, CREMATION, 23b. DATE T							
	0.6		7-67 Bever Creek		registrar's signature				
0		hn H Root In 110	N. Main St. Boonsboro	1 17/10 9 4 40.02 7/2	Charles Cuses.				
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03197 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) owson aratoga d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 's Hospital Lement YES NOVES 3. NAME OF npg Middle and completely DECEASED OF DEATH nhaus Honny March (Type or print 9. AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR last birthdoy) Months Doys Hours white 1-3-1897 male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Pennsylvania Coman (ath. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Hilen Andrew Einhaus IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, drugknown) (If yes give wor or dotes of service) Unk. Rev. Henry V. Sattler, 1225 E. Eager St. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELADED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [Z] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While of work ot work O FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram 7 19 66, to 3/2 _, 19.67, that (I) (we) last 19 66, and that death accurred at 9 30 P. M. fram causes and an the date stated above. saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF bureal (Specify) Holy Redeemer Baltimore, emeter 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Ruck, Inc Baltimore, Md. MAR 30 20 M 1/66



executed within 24 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after Death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03190 03198

1.	PLACE DF DEAT a. COUNTY	Н				2. USUAL RESI	DENCE (W	here deceased	lived, If inst	itution: Re		before admission)
h		Baltimore		MARYL	AND	a. STATE Md.				_ /		
1	b. CITY OR TOW	N (if outside corpora and give nearest tow	te limits,	c. LENGTH OF STAY						nearest town)		
		onsville	/n)	1-Day	- 1	Baltimore			21-	4/		
	d. NAME OF HO	SPITAL OR INSTITUTIO	ON (if not in	hospital, give street add	dress)	d. STREET ADDR					θ.	IS RESIDENCE
	Sha	dy Nook Home	9			470	9 Say	er Ave			YE	ON A FARM?
3.	NAME DF DECEASED	FI	rst	Middle		Last	1 4.	DATE	Month		Day	Year
_	(Type or print)	Elsie		J. H.	Ele	enbrok		DF DEATH	March	24.		19 67
5.	SEX	6. COLOR OR RACE	7. MARRIE	ED NEVER MARRIED	18	. DATE OF BIRTH		9. AGE		FUNDER 1	LYEAR	FUNDER 24 HRS.
	Female	White	WIDOWE	DIVORCED		Jan.19, 1	885	82	yrs.	Months	Days	Hours   Min.
1D du	a. USUAL OCCUPAT	TION (Give kind of work ling life, even if retire	done 1Db.	KIND OF BUSINESS OR		11. BIRTHPLACE		State, or fo		12. CI	TIZEN O	F WHAT
"	House		"	INDUSTRI		German	V				S. A	
13	. FATHER'S NAM	1E				14. MOTHER'S N	MAIDEN NA	ME		1 0 0	υ. ₂	1.
0		? K1	rumpho:	1.2	9	2						
1!	S. WAS DECEASED	EVER IN U.S. ARMED FO	RCES?   1	6. SOCIAL SECURITY NO.	17.	INFORMANT		10/19	Address		21229	)
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		DEATH [Enter only on		r line for (a), (b), and (c).	1	TIA U. WC.	mire.	+107 5	ayer Ay	e, Da		VAL BETWEEN
		EATH WAS CAUSED BY	:	P	/_	1 TT. 1.				ONSE	T AND DEATH	
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	Conditions, If	anv. which \	/	8. to 0.	A	- 11	1.			4.750		2
	gave rise to	Immediate (	(b) (d)	h senso clerk	7-	Civi	an	epal				-
	cause (a), si underlying caus											
NO			(c) NS CONTRI	BUTING TO DEATH BUT NO	TRELAT	CED TO THE TERMIN	IAI DISFAS	ECONDITIO	NGIVENINP	ART 1(a)	119.	WAS AUTOPSY
FA				8. 0.1	_		INE DIOLNO	LOGINDIII	AT GIT EIT III	AIT 2(0)	1	PERFORMED?
E	20a. ACCIDENT	WAS LINDERLYING	1 20b.	DESCRIBE HOW INJURY	OCCUI	PRED (Enter natur	e of inlury	In Part 1	or Part II of	Item 18 )	YES	□ NO □
CERTIFICATION	OR CONTRIBUTI	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER)	7		THE CENTER THE COL	o or injury	, 111 1 111 1 1 1	01 1 41 1 1 0 1	1000 20.7		
MEDICAL		INJURY Month, Day,	Year   2Dd.	INJURY OCCURRED   20	e. PLAC	E OF INJURY (Hom	e, farm,	20f. (City	or town)	(Coun	ity)	(State)
9	Hour a.n		While at wo	le Not While at work	Tactor	y, street, office bid	g., etc.)					
-				ided the deceased fro	m c	Feb. 13	1967	to ma	ich 24	1965	7 tha	t (I) (we) last
	saw the dec	ceased alive on 2	earch.	2 3 19 67, and	d that	death occurred	al/2:15	M. from th	ne causes a	nd on th	e date	stated above.
	22a. SIGNATUR		1	) / 1 .			/			22b. DA		
	N. O. Te.	D.C. 12	1000	Rughlen	M.D.	ATTENDING PHYS.	MED. DIRECT	TOR P	TAFF HYS.	3/	24/	167
	22c. PHYSICIA NAME (T)		o T. ana	hlin, M.D.		22d. ADDRESS	-	004	19	1		
_		D. U. H.	achaug			303 n	,/10	ang	1000	<u></u>		
23:	a. BURIAL, CREM REMOVAL (Spe	ATION, 23b. DATE 1	HEREOF	23c. NAME OF CEM			23	d. LOCATI	ON (City, tow	n or cour	nty)	(State)
	Burial	March	27,196		ck C			Balti	more, 1	Md.		
	FUNERAL DIRE			ADDRESS					25b. REC		-	
_	G. Truman	Schwab 351	2 Fred	erick Ave, Ba	alto	. Md. DAM	AR 27	1967	1 fcc	well	1 Ju	de

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TO HOSPITAL

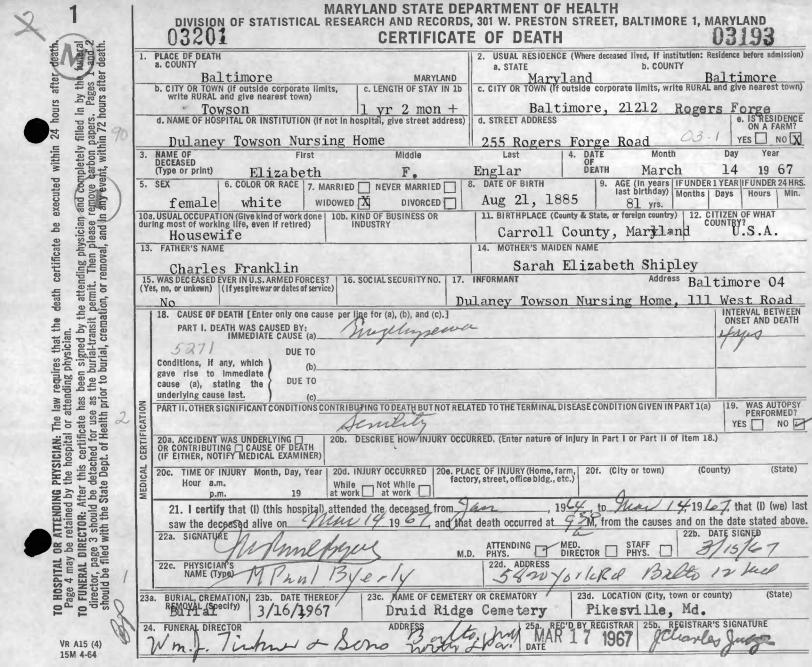
P. V. Hellandellin, R.D.

 MARYLAND STATE DEPARTMENT OF HEALTH

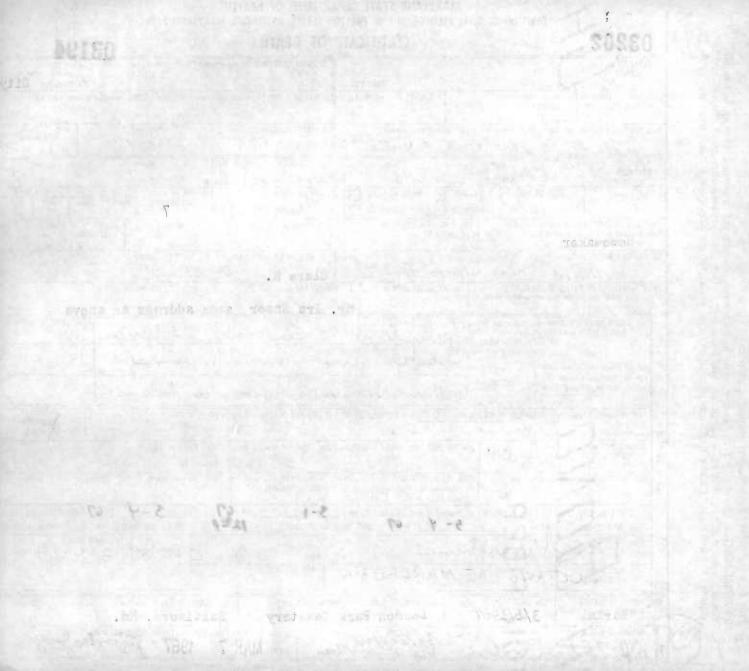
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03200 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY MARYLAND requires that the death certificate be executed within 24 haurs after on papers. Pages I within 72 haurs after campletely filled in by the b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Baltimore 21214 lowson e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? 6405 Hartord Road YES NO NAME OF DATE First Middle Endres Month Doy Year DECEASED March carb Mary DEATH (Type or print) AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH Months Doys Hours December 17,1901 WIDOWED DIVORCED emale ng physician and c Then please remo 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 100. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY USA Maryland 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME crematian, or remaval, ? Olga Irvin Alsruhe the attending p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Endres (Yes, no or unknown) (If yes give wor or dotes of service) 216-52-6716 INTOPIKA. same INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c) signed by the burial-transit p burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse the has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO TO FUNERAL DIRECTOR: After this certificate ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (I) (this hospital) attended the deceased fram 4 1967, that (1) (me) last a ta and that death accurred at 4:10 P.M., fram causes and an the date stated above saw the deceased alive an 22a SIGNAFURE DATE SIGNED MED. DIRECTOR M.D. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type directar, should 23a. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) timore Parkwood ( emetery 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) Charley Ruck Inc Baltimore. Md. DATE MAR 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03202 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death and funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY o. STATE b. COUNTY tely filled in by the fun than papers. Pages 1 within 72 haurs after c MARYLAND Bultimore City b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town write RURAL and give nearest town) Baltimore 10WSON d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled Med. YES NO C NAME OF Middle ove rarban First DATE Month Lost Doy Year completely DECEASED CLARA Enson march (Type or print) 19 6 / DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** lost birthdoy) Months Hours and in any WIDOWED DIVORCED yrs. rem and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) physician ien please **INDUSTRY** COUNTRY? Daltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removal, Smoo DWUIS Clara R 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service Mr. Ira Ensor / Same address as above crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO burial, Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending the PHYSICIAN: The law lost Pos PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO certificate far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work , 19 67, ta 3 - 4, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 5- 1 19 67, and that death accurred at 1220 M, fram causes and an the date stated above. FUNERAL DIRECTOR: saw the deceased blive an_ 22o. SIGNATURE 22b. DATE SIGNED ATTENDING directar, page 3 shauld be filed v DIRECTOR M.D. PHYS PHYSICIAN'S OCTAVIO DE MARCHENA 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 3/6/1967 Loudon Park Cemeterv Baltimore, Md. 25b. REGISTBAR'S SIGNATURE REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decaased lived, If Institution: Rasidanca before admission) a. COUNTY b. COUNTY · STATE 179 T Baltimore Baltimore Md. death. MARYLAND and b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Inverness =-Dundalk Pages within filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straat address) d. STREET ADDRESS . IS RESIDENCE hours ON A FARM? 1766 Brookview Inverness Ave. YES NO T completely executed 3. NAME OF Middle 4. DATE Yaar DECEASED OF (Typa or print) DEATH within MARY JANE ERHARDI 19 67 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED S SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS physician and last birthday) Months Days Hours Min. WIDOWED [ DIVORCED Female July 19 certificate remove 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY dona during most of working life, even if retired) House Work Baltimore . At Home Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please = attending and Donohue Elmer McDonald Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address loval, (Yas, no, or unkown) | (If yes giva war or dates of servica) No George W. The law requires that the Erhardt Same. 1B. CAUSE OF DEATH [Enter only one cause per physician. INTERVAL BETWEEN signed by ONSEL AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) cremation, burial-transit DUE TO affending Conditions, if any, which has been gave rise to immadiate causa DUE TO (a), stating the underlying burial. causa last. the (c) the hospital or PHYSICIAN: DIRECTOR: After this certificate 3 should be detached for use as the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION use as PERFORMED? NO T prior 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Part II of Itam 18,) OR CONTRIBUTING | CAUSE OF DEATH of Health (IF EITHER, NOTIFY MEDICAL EXAMINER) ATTENDING be retained by WEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, ! 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) Whila Not While Hour a.m. at work at work D.m 21., 1967, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from...... , and that death occurred at : 00M A the causes and on the date stated above. State [ 19.4 saw the deceased alive on. 22a. SIGNATUR 22b. DATE MED ATTENDING SIGNED PHYS. DIRECTOR PHYS. HOSPITAL FUNERAL page with th death. Page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Stephen C. Mackowiak 6714 Holabird Ave., Balto., 24, Md. filed v 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) Burial D ip & 7401 German Hill Rd., Ba.Co., M Sacred Heart Cemetery REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 901 S. Conkling St. Charles VR A15 (4) Balto., 21224 . Md. 20M 5-63

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03204 ages and 2 requires that the death certificate be executed within 24 haurs after death. bendumore Country PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Catansville MARYLAND CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 5625Lothian Rd. Summit Nursing Home YES NO X 3. NAME OF 4. DATE First Day Year DECEASED 67 (Type or print) Raffaele or Ralph Esposito DEATH March 8 1 YEAR 9. AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIEO OATE OF BIRTH last birthday) Manths Oays Hours DIVORCED 16/1st-1890 Male White WIDOWEO attending physician and permit. Then please res 10a, USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)

Tailor Retir INDUSTRY COUNTRY? Tailor Shop Italy U.S.A Retired 14. MOTHER'S MAIOEN NAME 13. FATHER'S NAME Balbina Adriano Dominic Raposito 14-SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Rd. (Yes, na, ar unknawn) (If yes give war ar dates of service) 815-03-5277A Josephine Esposito(Wife)5625 Lothian no 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Arteriosclerotic cariovascular disease IMMEDIATE CAUSE (a). Page 4 may be retained by the haspital or attending physician. DUE TO Chronic brain syndrome urs. Conditions, if ony, which gove (b) rise ta immediate cause (a), Multiple strokes DUE TO far use as the t f Health priar ta b stoting the underlying couse FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? State Dept. of Health Parkinsonism urs NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part II of item 18.) 20a. ACCIOENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (State) Not While factory, street, office bldg., etc.) of wark director, page 3 shauld be shauld be filed with the Star 21. I certify that (1) (this hospital) ottended the decreased from and that death occurred at 650 from causes and an the date stated obove saw the deceased alive_an. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING PHYS. STAFF PHYS. DIRECTOR M.D. 22d. AODRESS 22c. PHYSICIAN'S NAME (Type) 1303 Frederick Rd. Catons 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial Holy Redeemer Belair Rd. Balt.Md 9 AODRESS 24. SOMERAL DIRECTOR VR A15 (4) 20 M 1/66 S. High St.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH 03205 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before odmission) o. COUNTY b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 1 DAY BALTIMORE FORT HOWARD d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 6500 RIVERVIEW AVENUE VETERANS ADMINISTRATION HOSPITAL 3. NAME OF First Middle 4. DATE DECEASED MARCH WILMER JR. EDWIN EWING DEATH (Type or print) S. SEX 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** Months lost birthdoy) WIDOWED DIVORCED JULY 13. 1898 WHITE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? **INDUSTRY** BALTIMORE, MARYLAND

14. MOTHER'S MAIDEN NAME U.S.A CONTRACTOR PATNIER 13. FATHER'S NAME SARAH E. JACKSON EDWIN W. EWING 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPATAL (Yes, no, or unknown) (If yes give wor or dotes of service 213 18 77 19 FORT HOWARD, MARYLAND CLINICAL RECORDS YIOS 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: MYOCARDIAL INFARCTION, RECENT IMMEDIATE CAUSE (o) DUE TO ARTERIOSCIEROTIC HEART DISEASE Conditions, if ony, which gove rise to immediate cause (o), PULMONARY EMPHYSEMA XXXXX stoting the underlying couse BRONCHIAL ASTHMA PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) 21. I certify that (1) (this haspital) attended the deceased fram MARCH 2 67 to MARCH 2 19 19 67, and that death accurred at 12254M, fram causes and an the date stated above MARCH 2 saw the deceased alive an___ 22b. DATE SIGNED 22o. SIGNATURE 3/2/67 DIRECTOR PHYS. 22c. PHYSICIAN'S FORT HOWARD, MARYLAND DILOK PREMASATHIAN, M. D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION (County) REMOVAL (Specify) 3/6/67 BALTIMOREARK NATIONAL BALTIMORE. MARYLAND BURIAL REC'D BY REGISTRAR 196 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03206 **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. funeral 1 and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY papers. Pages 1 nin 72 haurs after MARYLAND Pages b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b OR TOWN (If autside carparate limits, write RURAL and give negrest town) write RURAL and give negrest town) in by d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street agaress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS filled i YES NO X EM NAME OF Middle 4. DATE First Last Month Day Year remave carban DECEASED Type ar print) DEATH 19 SEX IF LINDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years **NEVER MARRIED** P birthday) Months Davs Hours Min. WIDOWED and in any DIVORCED and 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or remayal, attending phys 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES TO. SOCIAL SECURITY NO. Address (Yes, no ar inknown) (If yes give war or dates of service) burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician. DUE TO lun Conditions, if any, which gave rise to immediate cause (a), DUE TO stoting the underlying cause priar to b has been the last 00 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) State Dept. of Health NO certificate 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth. Dov. Year (City or tawn) (State) (County) Hour a.m. factory, street, affice bldg., etc.) Not While ot work of work O FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram. , that (1) (we) last director, page 3 shauld should be filed with the 7, and that death accurred at 11:501M, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S ADDRESS O HOSPITAL Page 4 may NAME (Type) BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (County) (State) REMOVAL (Specify) ADDRESS REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03208 03200CERTIFICATE OF DEATH death. funeral ond PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 24 hours after dea o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside carparate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) and in any event, within 72-hours Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS St. Joseph Hospital, Baltimore, Md. 21204 NO PK YES be executed within Middle Last 4. DATE Year please remove corbon and completely DECEASED HENRY FISCHER 1967 March 27 (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** birthday) Manths Days Male White Haurs 3-5-02 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired)
Self-employed INDUSTRY the ottending physicion sit permit. Then please VERN low requires that the death certificate Baltimore 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol. 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, na, ar unknown) (If yes give war ar dates of service) cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) burial-tronsit | burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Hemorrhage, right occipital parietal lobe. DUF TO signed Canditians, if any, which gave (b) Hypertensive cardiovascular disease. rise to immediate cause (a), DUE TO stating the underlying couse be retained by the hospitol or ottending this certificate has been detached for use as the (c) Tumor of right adrenal gland. last. 9. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) Not While at wark O FUNERAL DIRECTOR: After 19 67 ta 19 67, that 20 (we) last 21. I certify that A (this haspital) attended the deceased fram ploods saw the deceased alive an and that death accurred at 12:08 M. fram causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. March 27, 1967 M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 7620 York Road, Baltimore, Md. 21204 NAME (Type) M.S. Cockburn, M.D. director, should 230 BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

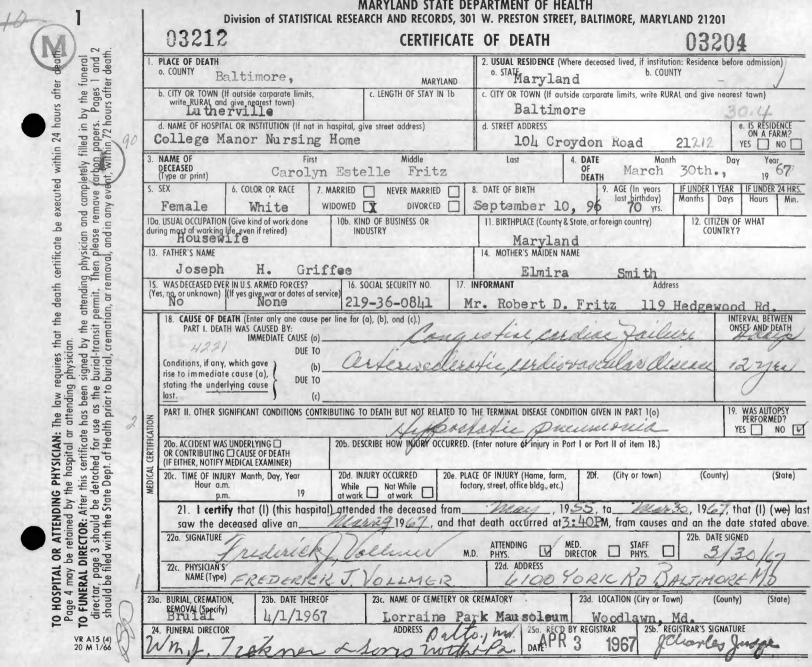
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03211 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission PLACE OF DEATH b. COUNTY o. COUNTY o. STATE delay is and 3 ta Page MARYLAND Balto. c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If autside corparate limits, write RURAL and give neorest town) and PM3. write RURAL and give nearest tawn) Balto. Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) St. Joseph's Hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? the Chief Medical Examiner's Office alang with form be executed within 24 haurs after death. It "pending" in pencil in Item 18. Give Pages State 1281 Cedarcroft Rd. NO NAME OF DATE First Lost Year DECEASED Francis DEATH 19 (Type or print) Charles IF UNDER 1 YEAR IF LINDER 24 HRS B. DATE OF BIRTH 9. AGE (In veors S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours within 72 haurs after death. DIVORCED . WIDOWED 6/15/10 56 yrs. 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR Ballow Tran. Co. 10o. USUAL OCCUPATION (Give kind of work done during not work to be street) 11. BIRTHPLACE (Stote or foreign country) FOUNTRY A Balto. Co. 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME Carrie Beall Herbert E. Francis 17. INFORMANT Address 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yearno or unknown) (If yes and war ar dotes of service) 216 05/7971 1281 Cedarcroft Rd. Margaret H. Francis INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c).) PART I. DEATH WAS CAUSED BY any event IMMEDIATE CAUSE (o) This certificate shauld writing the ward DUE TO Conditions, if ony, which gave shauld be farwarded ta rise to immediate couse (a). and in DUE TO stoting the underlying couse OS pe nsed crematian, ar remaval, WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? NO please execute the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Hour o.m. factory, street, office bldg., etc.) FUNERAL DIRECTOR: Page at wark of work Inquiry . 21. I certify that I taok charge of the remains described above, held an Autopsy Inspection .and in my opinion death resulted from:// Natural causes ... Accident Undetermined manner Suicide Momicide the funeral directar be retained CHIEF MEDICAL EXAMINER Z. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE Health prior DEPUTY MFDICAL EXAMINER **EXAMINER'S** may O'DONNELL, M.D. CHARLES Address (Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23b DATE THEREOF 23d. LOCATION (City or Town) (County) 23o. BURIAL CREMATION 0 3/18/67 Camp Chapel Cemetary Balto. Co. Md. 24. FUNERAL DIRECTOR VR A15ME (5) 7h01 Belair Road Lassahn Funeral Home 6M 1/67

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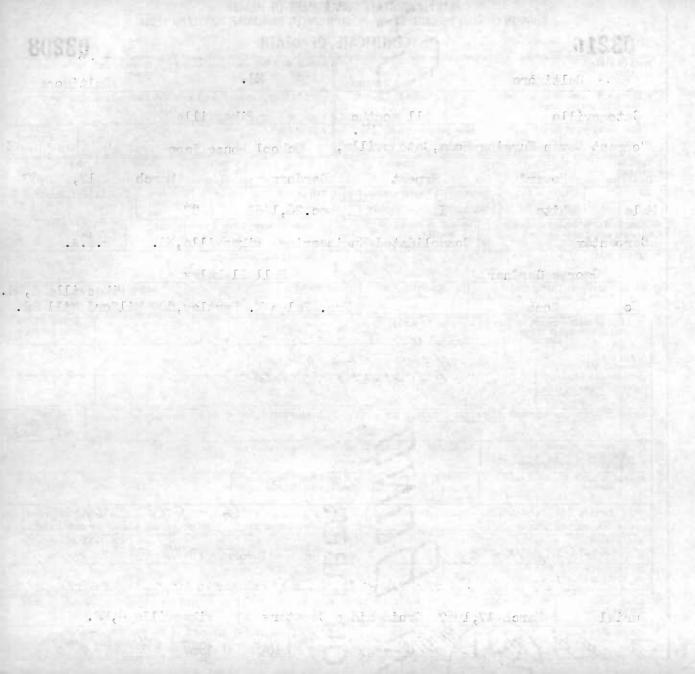
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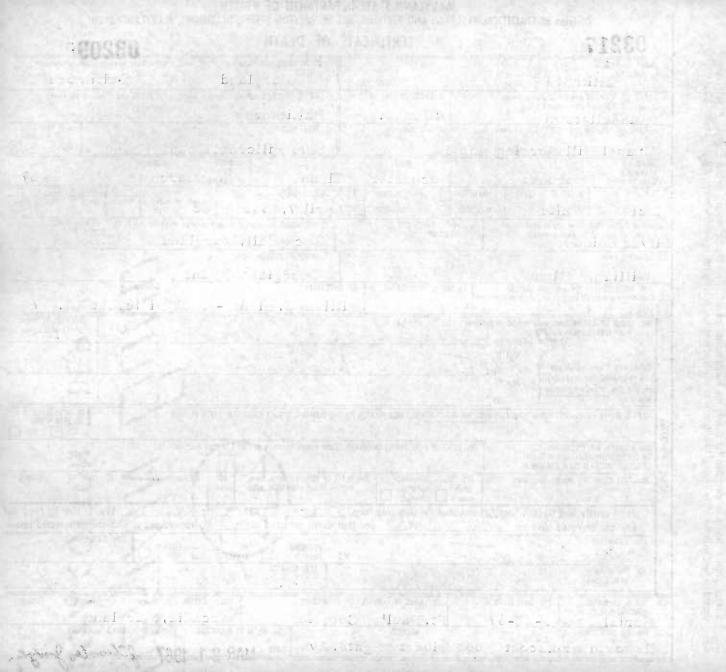
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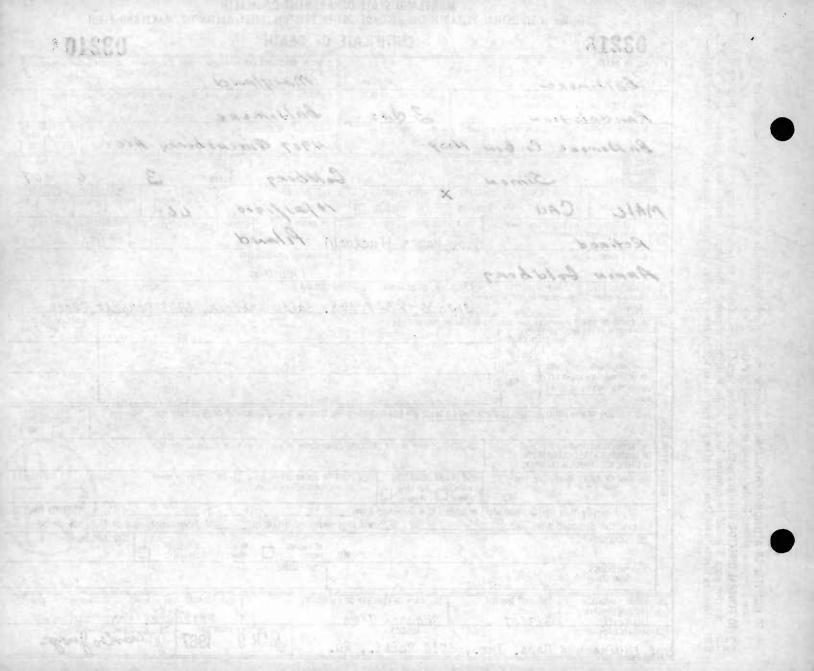
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d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) e. IS RESIDENCE ON A FARM? YES NO L NAME OF Middle DECEASED (Type or print) NEVER MARRIED 9. AGE (In yeers 11F UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months WIDOWED L 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY THPLACE (Stele or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) KUSSIA USA Housewife At Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Olga Wolfson Herman Jansen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | Address (Yes, no, or unkown) | (Ifyes give wer or dates of service) Mrs. Jenny Hoffman, 2825 W. Strathmore Avenue 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c) ONSET AND DEATH CANGESTIVE IMMEDIATE CAUSE (e) PULMONARY EMBOLISM Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. Month, Dev. Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20t. (City or lown) (County) (Sfefe) fectory, street, office bldg., etc.) While el work et work IT OM E 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 4 Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER lease execution should be for FUNERAL 1 ASSISTANT MEDICAL EXAMINER DATE SIGNED M D 0 Address (Street, city, town, or county) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETARY OR CREMATORY 22d. LOCATION (City, town, or country REMOVAL (Specify) Baltimore Hebrew Burial Baltimore. Maryland 23. FUNERAL DIRECTOR A15ME Sol Levinson & Bros. Inc., 6010 Reist., Rd.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03216 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death funerol PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COLINTY o. STATE b. COUNTY Baltimore Baltimore MARYLAND by the Pages CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) ease remove carbon papers. Pages and in any event, within 72 hours at c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville Pikesville 8 11 months completely filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Forrest Haven Mursing Home, Catonsville, School YES House Lane NO A NAME OF Middle Lost 4. DATE Month Year DECEASED 1907 Howard brnest Gardner March (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS. NEVER MARRIED birthdov) Months Hours Male White Dec.26.1883 WIDOWED K DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) ottending physician of sermit. Then please COUNTRY,? Consolidated Engineering Pikesville, Ma. Carpenter J.D.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotian, or removal, Bell Blakeley George Gardner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Pikesville o, Mi. 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Mrs. Helen M. Hartley, 809 Milford Mill Rd. None CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit ONSET AND DEATH IMMEDIATE CAUSE (o) A-CIFF BOWGFSSW by the hospital or attending physician. DUE TO F-1212 URG Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse this certificate has been detoched far use as the e Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? NO K ATTENDING PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work TO FUNERAL DIRECTOR: After 21. I certify that (I) (this hospital) attended the deceased fram 1966, to 7-1967, that (1) (we) last be retoined director, page 3 should should be filed with the and that death accurred at saw the deceased alive an_ M, fram causes and an the date stated above. 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. PHYS DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 801 EUMANNISON 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) REMOVAL (Specify) Druid Ridge Cemetery Pikesville 8.14. March 17.1967 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67







MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Baltimore b COUNTY Maryland Cecil MARYLAND attending physician and completely filled in by the formit. Then please remaye carbon papers. Pages b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)

Catonsville CLENGTH DE STAY IN 1h c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) papers. Pag hin 72 haurs a 9 days Elkton, Maryland d. NAME DF HDSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? STATE SPRING GROVE HOSPITAL Town Point Road YES \ NO X The law requires that the death certificate be executed within NAME OF Middle Lost 4. DATE Month Doy Year DECEASED event. Grover Gonce (Type or print March 67 DEATH 19 S. SEX 6. COLOR DR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. birthdoy) Months Dovs Hours white in any male WIDOWED DIVDRCED Mar 2. 1902 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Delaware U.S.A. 13. FATHER'S NAME 14. MDTHER'S MAIDEN NAME William Gonce Lida Lofland 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. 17. INFORMANT Address permit. (Yes, no or unknown) (If yes give wor or dotes of service) 0 Records: SPRING GRO VE STATE HOSPITAL 221-20-8351 crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Coronary thrombosis by IMMEDIATE CAUSE (o) signed I DUE TO Arteriosclerotic cardiovascular disease Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse been Page 4 may be retained by the haspital ar attending far use as the lost. FUNERAL DIRECTOR: After this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? af Health NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work ot work pe 21. I certify that (4) (this hospital) attended the deceased fram. Feb. 25 419 67hat N) (we) last March March 1 19 67, and that death occurred at saw the deceosed olive on_ M, from couses and on the date stated above 22o. SIGNATURE 22b. DATE SIGNED Iselly hearlester ATTENDING STAFF 3-6-67 DIRECTOR directar, page shauld be filed 22d. ADDRESS SPRING GROVE STATE HOSPITAL 22c. PHYSICIAN'S NAME (Type) Stella Wachsler, M.D. Baltimore, Maryland 21228 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY -23d. LOCATION (City or Town) (County) (Stote) 9 REGISTRAR 3 1967 VR A15 (4) 20 M 1/66

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	deat e at perm ion,	215-16-1666 Amelia G. Loreless - 20 V	Villow Are
	the yy th nsit emat	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
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	d by t After d be d s State	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (Country a.m. p.m. 19   19   19   19   19   19   19   19	
	R: A	21. I certify that (I) (this hospital) attended the deceased from 1-21-6719, to 3/13, 196	Z, that (I) (we) last
	CTO CTO	saw the deceased alive on 3-13 19.67, and that death occurred at 5 or AM, from the causes and on the	e date stated above. TE SIGNED
	L OR by be DIRE	Lam K. Chuller M.D. ATTENDING MED. STAFF DIRECTOR PHYS. DIRECTOR PHYS. 3	113/67
	TO HOSPITAL OR ATTENDI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22c. PHYSICIAN'S NAME (Type) RAM K. CHIILLAR 22d. ADDRESS GREATER BALTIMILES (BALTIMIRES, IND.	MED. CENTER
	Page Page O FU direct	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	ity) (State)
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W. Jenkins Sons Co. Balto 12.

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TO DEPU.  TO EUNER  TO FUNER  Health p	24	BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 110 Value (Specify) 110 Value (	7	Gay-Yost F	une	ral Home	Rock	1400	N. C.	
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YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INIURY OCCURRED 20e PLACE OF INJURY (Home, form, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Doy, Year Hour 'a.m. foctary, street, affice bldg., etc.) Not While at wark at wark , to March 5, 1967, that (1) (we) las 21. I certify that (I) (this hospital) attended the deceased fram. saw the deceased alive an March 4 1967, and that death occurred at 2:30AM, from causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE DIRECTOR M.D. PHYS. PHYS 1264 Francis Ave PHYSICIAN'S A. Bradley Daugharthy NAME (Type) 23d. LOCATION (City or Town) (County) (Si Westmont, Johnston Penna. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, Grandview Cemetery 3-8-1967 ADDRESS 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Howard H. Hubbard 4107 Wilkens Ave.

ar attending physician. has certificate 0 by the hospital detached 4 may be retained TO FUNERAL DIRECTOR:

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH

03225	CERTIFICATE			03218
1. PLACE OF DEATH  O. COUNTY  Baltimore	MARYLAND	Maryland	b. COUN	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  Towson	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or Baltimore	utside corporate limits, write RUF	RAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, g	ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
St. Joseph Hospital  3. NAME OF First DECEASED Market No. 1	Middle	Lost	A OATE Mont	
(Type or print)		GUERIN  B. OATE OF BIRTH	9. AGE (In years	rch 1, 1967    IF UNDER 1 YEAR   IF UNDER 24 HR:   Months   Ooys   Hours   Min.
	DIVORCED J.  ND OF BUSINESS OR  OUSTRY  Inental Oil Co	11. BIRTHPLACE (County Maryland 14. MOTHER'S MAIDEN	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Matthew Guerin		Margaret		
(Ves no or unknown) (If we give wer or detec of service)		Mary Guerin	Addre , wife, above	
18. CAUSE OF OEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(o), (b), ond (c).) monary Embolis	m		INTERVAL BETWEEN ONSET AND OEATH
Conditions, if ony, which gove rise to immediate cause (a),	urrent Myocard		ion	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBITING T			NOITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Ooy, Yeor Hour o.m.  10. While	SCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in	Port I or Port II of item 18.)	
20c. TIME OF INJURY Month, Ooy, Yeor 20d. IN While p.m. 19 of work	Not While G focto	E OF INJURY (Home, forn ory, street, office bldg., etc.		(County) (State)
21. I certify that (1) (this haspital) attends as the deceased alive an 3/1/	ded the deceased fram	2/24/ death accurred at	967 , ta 3/1/ 3:45 M, fram causes	, 19 <b>67</b> , that ( <b>X</b> (we) loand an the date stated about
220. SIGNATURE	M.C		MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNEO March 1, 1967
22c. PHYSICIAN'S NAME (Type) Lawrence F. Misa	nik, M.D.	7620 York	Rd., Towson,	Md. 21204
230. BURIAL, CREMATION, REMOVAL (Specify) Burial 3/L/67	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Tor Baltimore,	

ADDRESS

REGISTRAR'S SIGNATURE

1967

250. REC'D BY REGISTRAR DATE MAR 3

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR
Schimunek Funeral Home
3331 Brehms Lane #13

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after death.

directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove an shauld be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any even

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03227 CERTIFICATE OF DEATH low requires that the death certificate be executed within 24 hours ofter death death ene before odmission) the ottending physician ond completely filled in by the funerol sit permit. Then please remove corbon popers. Pages I and mation or remaval, and in any event within 72 hours offer deaf 2. USUAL RESIDENCE (Where deceosed lived, if institution: Res PLACE OF DEATH o. COUNTY o STATE b. COUNTY Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside carparate limits, write_RURAL and give nearest tawn)

Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Baltimore 21206 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 5700 East Ave St. Joseph Hospital YES NO 3. NAME OF First Middle Lost DATE Month Doy Year DECEASED 67 HARANT March John (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years Months Doys Hours October 22, 1887 male white WIDOWED DIVORCED 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR during most of working life even if retired) COUNTRY? Products Austria 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME John Harant Theresa Unk 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, ocunknown) (If yes give wor or dates of service 216-05-3113 Philip Harant 5807 Sefton Avenue INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) signed by the buriof-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH Acute Gastro Enteritis IMMEDIATE CAUSE (o) physician. DUE TO burial. Conditions, if any, which gove Dehydration rise to immediate couse (o), DUE TO for use as the b f Heolth prior to b stoting the underlying couse be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES -NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20o. ACCIDENT WAS UNDERLYING [ be detoched for State Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote)

20c. TIME OF INJURY Month, Doy, Yeor

2Dd. INJURY OCCURRED

2De, PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)

(City or town)

(County)

1007 March 19 21. I certify that (I) (this hospital) ottended the deceosed from March 17 , and that death occurred at ±:30 M, from couses and an the date stated above sow the deceased alive on March 19 1968 22b. DATE SIGNED

220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)

Regalado T. Dizon M.D.

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY

22d. ADDRESS 7620 York Rd. Towson 21204

**ATTENDING** 

STAFF PHYS.

March 19, 1967

(County)

24. FUNERAL DIRECTOR

23o. BURIAL CREMATION.

Mar 22, 1967 Holy Redeemer Cemetery

250. REC'D BY REGISTRAR DATA 2 1 196

23d. LOCATION (City or Town) (Stote) 4430 Belair Road

VR A15 (4) 20 M 1/66

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director, poge should be filed

The Dippel Brothers Inc. 7110 Belair Road

MED. DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY a. STATE Md b. COUNTY Balto. Baltimore after MARYLAND b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) nours years Parkville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS 2815 Garnet Rd. Garnet Road No X YES 1 completely ve carbon p executed within 3. NAME OF First Middle DATE Month Oay Year Last DECEASEO Harple John N. (Type or print) DEATH 1967 5. SEX AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. | Isst birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE OATE OF BIRTH 7. MARRIED NEVER MARRIED Months I Days Hours | any -6-1912 W and WIOOWED DIVORCED [ physician a 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) certificate be INOUSTRY COUNTRY? USA Maryland Fire Dent Fire Dept removal, MOTHER'S MAJOEN NAME Christina Schlissler Harple John 17. INFORMANT 15. WAS OECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SEQURITY NO. Address this certificate has been signed by the atten detached for use as the burial-transit permit. e Dept. of Health prior to burial, cremation, or PHYSICIAN: The law requires that the death the hospital or attending physician. (Yes, no. or unknown) (If yes give war or dates of service) Sane Henning Alma M. 18. CAUSE OF OEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last, (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T YES OESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) 20a. ACCIOENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) DIRECTOR: After tage 3 should be de Hour a.m. While Not While be retained by 19 at work at work 19 7 1967 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNEO 22a. SIGNATURE page ATTENOING STAFF TO HOSPITAL O
Page 4 may b
TO FUNERAL DI
director, page
should be file M.D. PHYS. **OIRECTOR** PHYS. PHYSICIAN'S 22d. AODRESS NAME (Type) 8106 Harford Road BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Md Baltimore Baltimore 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR VR A15 (4) 15M 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03229 CERTIFICATE OF DEATH within 24 haurs after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH Med in by the funeral papers. Pages 1 and Baltimore County o. STATE MARYLAND c. LENGTH DF STAY IN 16 c. CITY OR TDWN (If outside carporote limits, write RURAL and give nearest town) b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) Mount Wilson ON A FARM? d. NAME OF HOSPITAL DR INSTITUTION (If not in hospitol, give street oddress) d. STREET ADDRESS YES NO Mount Wilson State Hospital 3. NAME OF Year Lost carban DECEASED DEATH (Type or print) requires that the death certificate be executed IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH S. SEX NEVER MARRIED remove Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) please during most of working life even if reftra INDUSTRY COUNTRY? 1126/NA 13. FATHER'S NAME 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SD CIAL SECURITY NO. (Yes, no. or unknown) ((If yes give wor or dotes of service) Records. Mount Wilson State Hospital INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUF TO Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse attending the O FUNERAL DIRECTOR: After this certificate has been WAS AUTDPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COMPITION GIVEN IN PART, USe p 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 20e. PLACE DF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY DCCURRED foctory, street office bldg., etc.) Hour o.m. Not While 21. I certify that (I) (this haspital) attended the deceased fram. OAM, fram causes and an the date stated above. and that death occurred at 9 saw the deceased alive an_ 22b. DATE SIGNED 220. SIGNATURE ATTENDING MED. DIRECTOR PHYS. director, page 3 shauld be filed v 22d. ADDRESS 22c. PHISICIAN'S Wm NAME (Type) Mount Wilson, Maryland 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION 23b. DATE THEREOF REMOVAL (Specify) Calvary Cometery 16/67 Anne Amindel REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 928 E. North Ave. William C. March

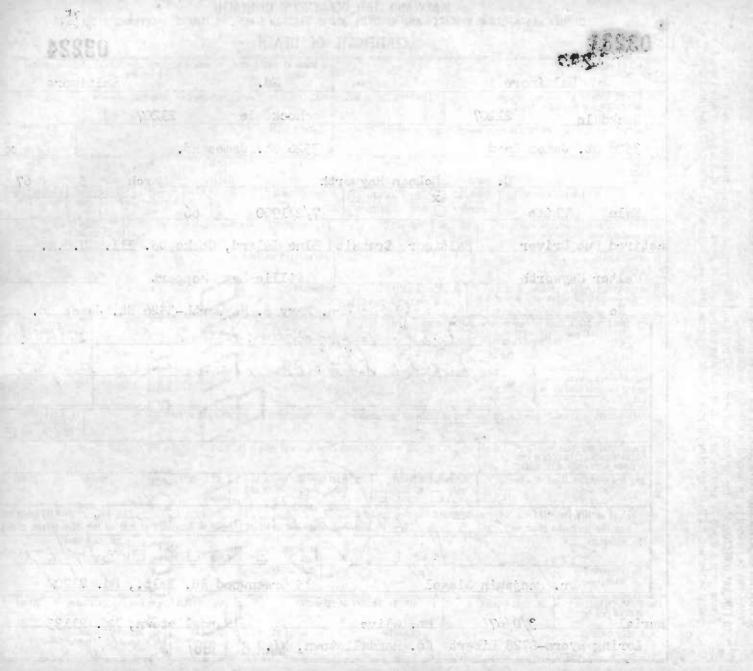
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. county Baltimore b. COUNTY MARYLAND Prince Georges b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give nearest town)
Owings Mills l vear Laurel d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rosewood State Hospital 7602 Brooklyn Bridge Rd YES NO within remove carbon in any event, with NAME DE First Middle Last DATE Day Year DECFASED HAYWOOD Teresa 1967 Lynn 10 (Type or print) DEATH executed 6. COLOR OR RACE | 7. MARRIEO 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS. NEVER MARRIEO last birthday) Months | Days 2/23/62 Hours Female White WIOOWEO DIVORCED T 10a. USUAL OCCUPATION (Give kind of work done | 10b. KINO OF BUSINESS OR physician n please r 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? None Cumberland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Noel Haywood ORNDORFF. Patricia Ann 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT 6 death (Yes, no, or unkown) ( (If yes give war or dates of service) Owings Mills. Md. No Rosewood Records cremation, the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INFERVAL BETWEEN ONSET AND DEA PART I. DEATH WAS CAUSED BY: or attending physician. ermen been signed the burial-transor to burial, cre IMMEDIATE CAUSE (a) Cenditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. 38 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMEO? YES X ND T Que To 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part i or Part II of item 18.) PHYSICIAN: t. of WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 2Dc. TIME OF INJURY Month, Oay, Year 2Df. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. Not While at work at work etained P 21. I certify that W (this hospital) attended the deceased from 3 - 10 1966 to 3-10 and that death occurred at \$\mathbb{M}^{33} \mathbb{M}^{\text{M}} \text{M. frpm the causes and pn the date stated above. saw the deceased alive on. ATTENDING DIRECTOR 22d. ADDRESS director, p NAME (Type) BURIAL, CREMATION, 23b. OATE THERE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) State) Burial (Specify) 13/6 St. Peters Westernport, Md. 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE Westernport, Md. VR AI5 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH puo by the funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY o. STATE Baltimore Baltimore MARYLAND within 24 hours ofter b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparote limits, write RURAL and give neorest tawn) write RURAL and give nearest town) Rockdale 21207 Rockdale filled in I d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3526 St. James Road 3526 St. James Rd. within. NO TO carbon 3. NAME OF 4 DATE Day Year DECEASED event McLean Havworth March (Type or print) DEATH 19 OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF LINDER 24 HRS last birthday) Manths Hours WIDOWED DIVORCED 7/2/1900 Male White 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? physician Retired Bus Driver Baltimore Transit Blue Island, Cooks Co.

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removo Walter Havworth Lillie May Shoppert 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) ((If yes give war ar dotes of service) E. Hayworth-3526 St. James Rd. cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line to. (o), PART I. DEATH WAS CAUSED BY: burial-tronsit IMMEDIATE CAUSE (a) signed by DUE TO burial. Canditians, if any, which gave rise to immediate couse (o). DUE TO stoting the underlying cause the hospital or attending prior to this certificate has been the WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health YES [ NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) Haur a.m. factory, street, affice bldg., etc.) Nat While at work **DIRECTOR:** After Page 4 moy be retained by 21. I certify that (I) (this haspital)/attended the deceased fram_______ I, and that death occurred of 2:154 M, fram causes and on the dote stated above saw the deceased alive on 3 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. PHYS DIRECTOR 22d, ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) Dr Benjamin Siegel Greenwood Rd. Balt.. director, should b 23o. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Randallstown. 24. FUNERAL DIRECTOR Charles VR A15 (4) Loring Byers-8728 Liberty Rd. Randallstown, 1967 20 M 1/66



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03225 03232 CERTIFICATE OF DEATH ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY_I o. STATE b COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) filled in by the papers. Page thin 72 hours c write RURAL and give nearest town imonium more d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 imore ENTER VOAC YES NO NO corbon NAME OF 4. DATE Middle Year Month completely DECEASED (Type or print) DEATH S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR JE UNDER 24 HRS 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years remove S last birthdoy) Months in any WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 8IRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY ? CTIRE 13. FATHER'S NAME MAIDEN NAME removal, 00 IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17_INFORMANT 16. SOCIAL SECURITY NO tane a (Yes, no, or unknown) (If yes give wor or dotes of service) 0 215-18-750 cremotian. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED 8Y: INTERVAL 8ETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO signed megatic titre - of the Yever Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse by the hospital or attending prior to last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS)
PERFORMED? has YES NO certificote D 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c, TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While factory, street, affice bldg., etc.) Not While at work ot work 21. I certify that (If (this hospital) attended the deceased fram. 19 67 10 19 6 7that (I) (we) last be retoined 19 67 and that death accurred at 1215PM, fram causes and an the date stated above. sow the deceased alive on. 22o. SIGNATURE ATTENDING director, poge 3 should be filed v M.D. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S BRUCE 6. B. M.C NAME (Type) EREK 23o. 8URIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Burial Parkville, Baltimore, Md. 4-3-67 Parkwood 24. FUNERAL DIRECTOR 2So. REC'D 8Y REGISTRAR REGISTRAR'S SIGNATURE

Wm. Cook-Brooks Towson, Towson, Md.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03226 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY a. STATE b. COUNTY Baltimore County Maryland Baltimore MARYLAND OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after remove carbon popers. Poges nony event, which 72 hours after b. CITY OR TOWN (If autside carparate limits. c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 write RURAL and give nearest town Parkville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? .⊆ completely filled 8312 Overmont Road NO V Overmont Road 3. NAME OF Middle 4. DATE Dov Year DECEASED OF DEATH 3/26/67 GRACE HEILMAN (Type or print) 19 S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 7. MARRIED NEVER MARRIED birthday) /30/1883 white ond in ony WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? office clerk retired INDUSTRY physicion Maryland
14. MOTHER'S MAIDEN NAME 11 5 cremotion, or removo Joseph Switzer Catherine Duval 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dates of service) 219-01-4846 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 may be retained by the hospital or ottending physician. DUE TO burial, Conditions, if ony, which gave (b) rise to immediate couse (a). DUE TO stoting the underlying couse this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO K rio-Oclerosis, Chronic myo cos dello 20b. DESCRIBE HOW INJURY OCCURRED. (Enter hature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year While at work factory, street, affice bldg., etc.) O FUNERAL DIRECTOR: After to 3/26/67, 19__, that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from, director, page 3 should should be filed with the saw the deceased olive an_ and that death accurred at 3 A M, fram causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 6411 Frederick Ave Andres Callas 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. (County) 250. RECD BY REGISTRAR 250 PEGISTRAR'S SIGNAFURE 250 PEGISTRAR'S SIGNA REMOVAL (Specify) 3/29/67 Moreland Memorial buria 24. FUNERAL DIRECTOR CHAS. F. EVANS & SON 8802 Harford Rd

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and campletely filled in by the funeral ferragove carban papers. Pages 1 and 2 in any event, within 72 haurs after death. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH b. COUNTY Baltimore o. STATE Maryland o. COUNTY Baltimore MARYLAND c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Towson (rural) Baltimore Towson (rural d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? Mussula Road ... 21204 1637 Mussula Road--2120h NO X YES 4. DATE 3. NAME OF Middle Last Manth Year First 1967 27 DECEASED March HENRY A . HEMING DEATH (Type or print) 1F UNDER 24 HRS. 9. AGE (In years S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED XX NEVER MARRIED Months Days Haurs white April 2 8, 1877. male WIDOWED DIVORCED 12. CITIZEN OF WHAT 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind af wark dane COUNTRY?USA INDUSTRY during most of working life, even if refired)
Retired Stationary Eng. attending physician permit. Then please andi American Smelting Holland Co. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Katherine John Heming 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, a Muknawn) (If yes give war ar dates of service) 212-10-1472 (Same) Mrs. Catherine B. Heming INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by DUF TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stoting the underlying cause **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law re Page 4 may be retained by the haspital ar attending 10 FUNERAL DIRECTOR: After this certificate has been as the last. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II af item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, affice bldg., etc.) Hour a.m. Nat While at wark of wark . 1960, to macch 27, 1967, that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram_ saw the deceased glive an war 19 1, and that death occurred at AM, from causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE STAFF PHYS. **ATTENDING** DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S 8400 Loch Raven Blvd., 21204 Joseph F. LiPira NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF 23a. BURIAL, CREMATION, Baltimore, Md. REMOVAL (Specify) Holy Redeemer Cemetery 3/30/67. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc .-- Baltimore, Md. -21214 VR A15 (4)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE EALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before o. COUNTY o. STATE Maryland b. COUNTY BALTIMORE Baltimore with the State Department of MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Pikesville Pikesville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? farwarded to the Chief Medical Examiner's Office along with farm 7108 Plymouth Road in Item 18. Give Pages 7108 Plymouth Road NO X MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. NAME OF 4. DATE Lost Year Johanna DECEASED 1967 HERETICK IRENE March (Type or print) DEATH IF UNDER 24 HRS. B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours 3/27/08 event within 72 hours after death. White Female WIDOWED DIVORCED 11. BIRTHPLACE (Stote or foreign country) 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT during most of working life even if retired) INDUSTRY COUNTRY? Seton Institute Homeville, Pa. in pencil i 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME William J. Heretick Margaret A. Hucik 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Additesvilles . Md. ivone Miss Otillia Heretick, 7108 Plymouth Road. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH Gunshot wounds of chest IMMEDIATE CAUSE (o) writing the ward DUE TO in any ( Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse OS lost. removal, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? the certificate, NO 200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should crematian, or Shot by unknown assailant 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. 3/2/ 19 67 of work of work Pikesville, Baltimore, Md. home 21. I certify that I took charge of the remains described above, held on Autopsy X Inspection . Inquiry . ond in my opinion may be retained far FUNERAL DIRECTOR: deoth resulted from: Notural causes ___ Accident [ Suicide Homicide X Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Springate, M.D. Address (Street, city, town, or county) NAME (Type) March 3, 1967 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) 50 March 6,1967 St. Charles Cemetery Pikesville 8.Mi. 24. FUNERAL DIRECTOR VR A15ME (5) 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03236 03229 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE Maryland b. COUNTY Baltimore County Baltimore Page 0 MARYLAND deloy C LENGTH OF STAY IN 16 c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TDWN (If outside corporate limits. and P.M3. write RURAL and give nearest town) Phoenix 23 years Phoenix and 2 with the State Depor d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Office olong with farm Phoenix Road St. Joseph's Hospital YES X NO in Item 18. Give Poges be executed within 24 hours ofter deoth. NAME OF Middle 4 DATE Year DECEASED 19 67 Charles March W. Hicks (Type or print) DEATH IF UNDER 24 HRS 6. COLOR OR RACE AGE (In years lgst birthdoy) IF UNDER 1 YEAR B. DATE OF BIRTH 7. MARRIED NEVER MARRIED Months Hours Dovs White Male WIDOWED DIVORCED Nov.10,1902 10% 64YIS 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY Lower Makefield, Penn. ward "pending" in pencil in the Chief Medical Examiner's Admonistrative Asst. Bendix Radio 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward Hicks Mary Elizabeth Sternberger IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 17. INFORMANT 16. SOCIAL SECURITY NO €no 578-03-5485 Mrs. M. Hicks Same as #2 no N. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line (o), (b), and (c).) PART I. DEATH WAS CAUSED BY ony event IMMEDIATE CAUSE (o) **EXAMINER:** This certificate should writing the ward DUE TO Conditions, if ony, which gove forworded to rise to immediate couse (o). ond in DUE ID stoting the underlying couse last WAS AUTOPS removol, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMED? execute the certificate, NO 4 should be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HDW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should 0 PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) 20c. TIME DF INJURY Month. Dov. Yeor (County) Hour o.m. foctory, street, office bldg., etc.) Not While may be refolined for your FUNERAL DIRECTOR: Page ot work ot work and in my apinian 21. I certify that I tapk charge of the remains described above, held an Autopsy Inspection Inquiry Natural causes . Accident Suicide . Homicide . Undetermined manner funeral director please CHIEF MEDICAL EXAMINER 22 DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) CHARLES F. O'DONNELL, M.D. 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 2 Burial (Specify) March 11,1967 St. Josephs Cemetery Texas, Baltimore Ct., Maryland 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR
Wm. Cook-Brooks Towson 2So. REC'D BY REGISTRAR 1050 York Road VR ATSME (5) Michaeles Towson, Maryland 21204

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death requires that the death certificate be executed within 24 haurs after deast funeral and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence o. COUNTY the attending physician and campletely filled in by the fur sit permit. Then please remove carban papers. Pages 1 MARYLAND vithin 72 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tow ANDALL d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM 0×148 OLD YES NO NAME OF First DATE Doy DECEASED ARTHUR OF event, (Type or print DEATH S. SEX 6. COLOR OR RACE 7. MARRIED AGE (In years lost birthdoy) NEVER MARRIED Months Hours Doys and in any WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life_even if retired) INDUSTRY COUNTRY? 13. FATHER'S NAME remava WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. INFORMAN1 (Yes, no, or unknown) (If yes give wor or dotes of service 0 217-01-3948 crematian, CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUE TO burial. Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TO stoting the underlying couse far use as the k Health prior tak Page 4 may be retained by the haspital or attending this certificate has been lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH of l detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. While Not While foctory, street, office bldg., etc.) the State ot work ot work TO FUNERAL DIRECTOR: After shauld be 21. I certify that (1) (this haspital) attended the deceased fram 196-2 and that death accurred ate 36 M, fram causes and an the date stated abave saw the deceased alive an 22o. SIGNATURE MED. DIRECTOR directar, page 3 shauld be filed v M.D. PHYS. **ADDRESS** 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) Olive Cemetery Burial 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Loring Byers-8728 Liberty Rd. Randallstown,

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission COUNTY a. COUNTY o. STATE b. COUNTY Maryland bon papers. Pages 1 within 72 hours after MARYLAND within 24 hours after b. CITY OR TOWN (If ourside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) e negrest tawa Baltimore filled in d. NAME OF HOSPITAL OP INSTITUTION (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 5408 CLOVER ROAD NO NAME OF Middle Last DATE Manth Year DECEASED OF DEATH (Type or print) SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years IF UNDER IF UNDER 24 HR last birthday) Months Days Haurs DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during masy of working life even if retried) COUNTRY? certificote RUSSTA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremation, or remavol, PAULA 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address the deoth (Yes, na, or opknay) (If yes give war ar dates of service) LEON HOFFMAN. 3415 WASHINGTON AVENUE 18. CAUSE OF DEATH (Enter only one couse per line far INTERVAL BETWEEN signed by the buriol-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate couse (o). DUE TO stating the underlying cause os the of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES [ NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Haur 'a.m. factory, street, affice bldg., etc.) Nat While nt work at wark **DIRECTOR:** After 19 6 2 to Mick 4 21. I certify that (1) (This hospital) attended the deceased fram. 19 12 7, and that death accurred at 1.25 M. fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** director, poge 3 DIRECTOR PHYS ADDRESS 22d. 22c. PHYSICIAN'S TO FUNERAL NAME (Type) 23pg BURIAL, CREMATION FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4) 25M 1/67 1967

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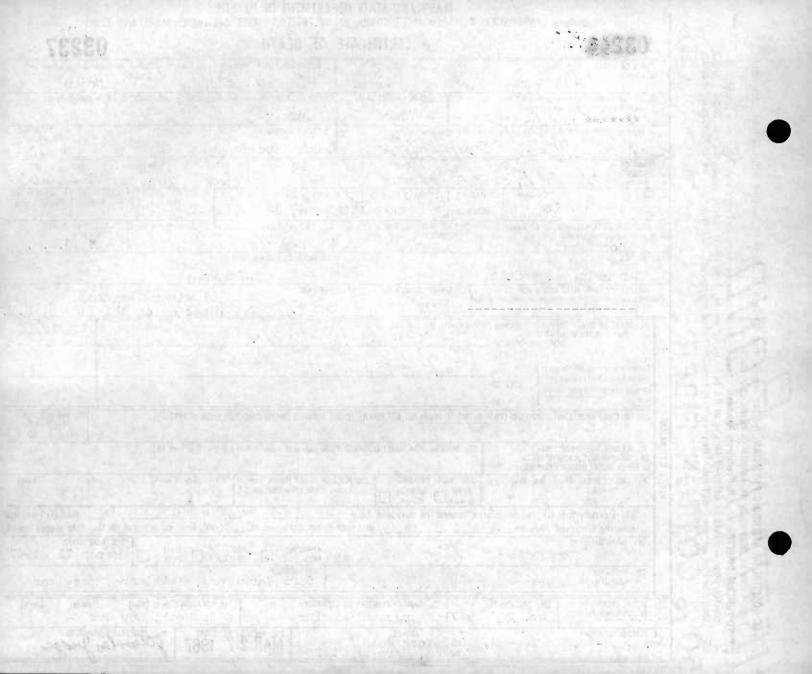
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	e e e		5. 3	M W WI	IDOWED DIVORCED	8. DATE OF BIRTH 2ct 23 1891		UNDER 1 YEAR   IF UNOER 24 HRS. Onths Days Hours Min.
	ficote be ex ysician ond please rem st, ond in an		duri	USUAL OCCUPATION (Give kind of work done permost of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY WILL WEEK	11. BIRTHPLACE (County & Store	ote, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
	certificote by physician of hen please novol, and i		13.	folin G. Ho	lland	14. MOTHER'S MAIOEN NAM	eth Bar	bie
	ne deoth cer ottending p permit. The		15. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? s no, or unknown) (If yes give way or dates of servi	ice) 16. SOCIAL SECURITY NO. 17.	an Imis	Gelan Ou	ings mills
	that the deoth certificote be exeion.  Ion.  by the ottending physician ond control transit permit. Then please remo cremation, or removol, and in any			18 CAUSE OF DEATH (Enter anly one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	The far (a), (b), and (c).)	mansfrien	4	INTERVAL BETWEEN ONSET AND DEATH
	equires that the physicion. signed by the buriol-tronsit buriol, cremat		9	Conditions, if any, which gave rise to immediate cause (a),	artrioselezotia	Cardio-Yaser	des Vosus	1037
	ding phonen signer in the purpose to but to but the but to but the but to but the but the but the but the but the but to but the but t			stating the underlying cause at the last.		71 12 11		
	AN: The law real or ottending icote has been for use as the Health prior to	2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL OISEASE CONOITI	ON GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?  YES NO
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-troo should be filed with the State Dept. af Health prior to buriol, crea		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part	I or Part II of item 1B.)	
	IG PHYSICI the hospite r this certif detached to		MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Haur a.m. p.m. 19		CE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	20f. (City ar town)	(County) (Stote)
	ned by the After wild be of the State			21. I certify that (I) (this hospital) saw the deceased alive an3	) attended the deceased fram		3 - 3 + · · · · · · · · · · · · · · · · · ·	, 1经之, that (I) (‰) la an the date stated abov
	OR ATTENIOR FOR THE STEELING S			220. SIGNATURE	M.C		O. STAFF PHYS.	22b. OATE SIGNED 2-1-67
	may be ERAL DIR!	1		22c. PHYSICIAN'S NAME (Type) Without K.	Gallager, M.Z	3. 6209 Freder	icham Balt	28, md.
	TO HOSPITAL OR ATTEN Page 4 may be retoined TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		230	BURIAL, CREMATION, REMOVAL (Specify)  April 4.	23c. NAME OF CEMETERY OR 1967 New Cathedre	al Cemeters	23d. LOCATION (City or Town)	(County) (Store)
	VR A15 (4) 25M 1/67	H	74	Enry J. Eckhardt	Owings Mills, 7	DATE 4	1967 2Sby REGIST	RARY SIGNATURE
		1.		4//				

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. 1	Division of STATISTICAL RES	MARYLAND STATE DEP EARCH AND RECORDS, 301	'ARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE, I	MARYLAND 21201
O AN	03244	CERTIFICATE	OF DEATH	03237
executed within 24 haurs after death and campletely Kiled in by the funeral emaye careen papers. Pages 1 and 3 any event, within 72 haurs after death	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, io. STATE New Jersey	b. COUNTY Union
by the Pages aurs aft	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 水内ははない 1.utherville	c LENGTH OF STAY IN 16  3 Years	c. CITY OR TOWN (If outside corporate limits, Summit	67.3
in 24 ho filled in papers. hin 72 h	College / Junio	inaryfive.	d. STREET ADDRESS One Euclid Ave	e. IS RESIDENCE ON A FARM? YES \ NO \[ \bar{X} \]
campletely in ye campletely to ye ye campletely to ye cam	3. NAME OF DECEASED (Type or print) Laura Everett  5. SEX 6. COLOR OR RACE 7. MARRIE	4 Hood	Lost 4. DATE OF DEATH  DATE OF BIRTH 9. AGE (In	March 27 1967 Years   IF UNDER 1 YEAR   IF UNDER 24 HRS
ate be execut cian and cam lease remaye and in any ek	female white WIDOWE		ov. 8, 1883 83 birl	thday) Months Doys Hours Min.
ertificate be physician a ren please i aval, and in	during most of working life, even if retired)  Homemaker  13. FATHER'S NAME	INDUSTRY Home	New York  14. MOTHER'S MAIDEN NAME	COUNTRY? U.S.A.
h certifi ling phy Then remava	Benjamin A. Bentley	6. SOCIAL SECURITY NO.   17. IN	unknown	Address ver Glen Road
that the death certifician. by the attending phy: transit permit. Then permit transit	18. CAUSE OF DEATH (Enter anly ane cause per line f	??? Walt	ter B. Everett, Hastin	g on the Hudson, N.Y
physician. physician. signed by the buriol-transit p	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Crebral N	emorrkage	ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	arjoriosofer	osis	
IAN: The law real and are attending ficate has been for use as the Health prior to be	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO TH	TE TERMINAL DISEASE CONDITION GIVEN IN PART	1 1(0)  19. WAS AUTOPSY PERFORMED? YES NO
OR ATTENDING PHYSICIAN: The retained by the hospital are DIRECTOR. After this certificate by a 3 shauld be detached far using with the State Dept. of Health	GR CONTRIBUTING CAUSE OF DEATH		inter nature af injury in Port I or Port II af iter	
45 + 50 00	Haur o.m. Who two	ile Not While factor	E OF INJURY (Hame, farm, ry, street, affice bldg., etc.)	0-
OR ATTENDING be retained by it DIRECTOR: After it ga 3 shauld be d led with the State	21. I certify that (I) (this hospital) atters saw the deceased alive an March 220. SIGNATURE	1961, and that	death accurred a 2.30AM, from	causes and on the date stated above
AL OR A by be re L DIREC	22c. PHYSICIAN'S	M.D.	22d. ADDRESS	ys.   Mater 22, 1907
TO HOSPITAL OR Page 4 may be in For FUNERAL DIRE director, page 3 should be filed v	23a. BURIAL, CREMATION, 23b. DATE THEREOF	Post, M. D.		ity or Town) (County) (Stote)
VR A15 (4) .	24. FUNERAL DIRECTOR		25g. REC'D BY REGISTRAR	256 REGISTRAR'S SIGNATURE



15. IF UNDER 1 YEAR Manths 12. CITIZEN OF WHAT COUNTRY? IISA Georgiana G. Waldtjen (Same) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year Hour a.m. factory, street, office bldg., etc.) Nat While 21. I certify that (I) (this hospital) attended the deceosed from 1967 that (I) (we) lost saw the deceased alive an 1967, and that death occurred at 11967, M, from causes and on the date stated above. , 19 11, to man 15, 1967 that (1) (we) lost 22a. SIGNATURE 22b. DATE SIGNED STAFF PHYS. **ATTENDING** DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Willard Applefeld 5901 Park Heights Ave. NAME (Type) directar, should b 23b. DATE THEREOF 3/1.8/67. 23a. BURIAL, CREMATION REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) Baltimore, Md. Parkwood Cemetery

**ADDRESS** 

Leonard J. Ruck, Inc. Balto. Md. 21214

03238

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e. IS RESIDENCE ON A FARM2

NO T

Year

1967.

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPSY PERFORMED?

NO

(State)

(State)

25h REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR

VR A15 (4) 20 M 1/66

24. FUNERAL DIRECTOR

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	113246		CERTIFICATE	OF DEATI			U5/408		
1.	PLACE OF DEATH			2. USUAL RESIDEN	CE (Where de	ceased lived, If inst	titution: Residence	before ad	mission)
	a. COUNTY Balt	timore		a. STATE Mar	vland	b. COUN	WBaltim	ore	
			MARYLAND c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (I		morato limite uni	to DIIDAL and oh	ua naaras	t town)
	<ul> <li>CITY OR TOWN (If outs write RURAL and give</li> </ul>	nearest town)	C, LENGTH OF STAT IN 1D	C. CITT OR TOWN (I	i outside co	porate mants, mi	to KOKAL and Br		coning
	Tows	on		Towson	Tib. (		03-	-/	
1000	d. NAME DF HOSPITAL OR	INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS				ON A F	DENCE
	HOME: 6	391 Chastnut	Arronno	621 Ch	aatnut	Avenue			NO 🔽
3	NAME OF	321 Chestnut	Middle	Last	1 4. DATE				
	DECEASED	STUART	CATOR	HOPPER	OF DEAT				
5.	(Type or print)			DATE OF BIRTH	DEAT	*** CO Z C	h 8 IFUNDER 1 YEAR	19 (	
3.	SEX 6. CULU	7. MARRIED	X NEVER MARRIED   8	. DATE OF BIRTH	9.	last birthday)	Months   Days	Hours	Min.
	Male   Wh	ite WIDOWED	DIVORCED [	Feb. 2, 18	84	83 yrs.			
10a.	USUAL OCCUPATION (GIVe	kind of work done   10b. K	IND OF BUSINESS DR	11. BIRTHPLACE (	County & State	, or foreign country	12. CITIZEN COUNTRY	OF WHAT	
	ng most of working life, e etired		nDUSTRY nsurance	Baltimo	ro Mo	ryland	USA	•	
	FATHER'S NAME	1 1	nsurance	14. MOTHER'S MAI	DEN NAME	Tylanu	I USA		
-			AIT MA						
		amuel W. T.	Hopper	Sal	lie Ca				
	WAS DECEASED EVER IN U.		SOCIAL SECURITY NO. 17.	INFORMANT : Wif	e	Addres	Tows	on, 21	1204
,	YES WW		5-24-8963 Mrs	s. Henriet	ta S.	Hopper, 6	21 Ches	tnut	Av
	18. CAUSE OF DEATH [E	nter only one cause per l					1 INTE	RVAL BET	TWEEN
	PART I DEATH WAS	CALISED BY.		. (6		. /	ONS	ET AND	EATH
	1/2/ IMMED	IATE CAUSE (a)	06010101	115018	1016	acy	-	2 0	ays
	4001	DUE TO				/	-		/
	Conditions, if any, which		1101000	101001	5		3	Yea	115
	gave rise to immedia cause (a), stating the							/	
	underlying cause last.	(c)							
8	PART II. OTHER SIGNIFICA		UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL	DISEASE CO	DITION GIVEN IN	PART 1(a)   19.	WAS AU	TDPSY
CERTIFICATION			- /	1.6			Y	PERFOR	NO A
[발]	200 ACCIDENT WAS UND	IND MC	DESCRIBE HOW INJURY OCCU	tate.	of Infury In F	ert I or Part II o			
12	20a. ACCIDENT WAS UND OR CONTRIBUTING CA (IF EITHER, NOTIFY MED	USE OF DEATH	DESCRIBE HOW INJURY OCCU	KKED. (EIITOI HATUIO	or injury in r	att i or ratt ii o	1 110111 1017		
MEDICAL	20c. TIME OF INJURY	Month, Day, Year   20d.	NJURY OCCURRED   2De. PLAC	CE DF INJURY (Home, try, street, office bldg.,	farm, 20f.	(City or town)	(County)	(8	State)
	Hour a.m.	19 While	- Not while -	J, street, omcobiag.,	010.7				
2			led the deceased from	ach 1	10 5-44 +0	Nimerh	8 10 / OH	nat (I) /v	va) las
	21. I certify that (I	timis neepitan attend	18 19 6 2, and that	della della	19-10	am the sauses	and on the dat	o atatad	ahour
		live on ZVIOVC	19 6 2, and that	death occurred at	2,00' NI, II	om the causes	22b. DATE SI	CNED	abuve
	22a. SIGNATURE	1	2 1	ATTENDING	MED.	STAFF	ZZD. DAIL SI	diver	
	C. 24r	emo C	Surgal M.D	. PHYS.	DIRECTOR	PHYS.	Marc	04	1964
	22c. PHYSICIAN'S NAME (Type)		0	22d. ADDRESS					
	(1)40/	FILE TORREST							
23a.	BURIAL, CREMATION,	23b. DATE THEREDF	23c. NAME DE CEMETERY	OR CREMATORY	23d. L	OCATION (City, to	own or county)	(St	tate)
	REMOVAL (Specify)	far. 10,1967	Green Mour	t Cemeter	v Bal	timore.	Marylan	d	
24.	FUNERAL DIRECTOR	20,2001	ADDRESS 21	201   25a. R	EC'D BY REG	ISTRAR 25b. BI	EGISTRAR'S SIGN	ATURE	1
,		on Co 100	W Worth A D	MAR	1 0 19	367 LCL	arles Ju	dec.	
10	Lewart & Mow	en 60. 100	W.North Av. Ba	LL LO.   DATE	- 10	//	-//		

VR A15 (4) 15M 4-64 THE THE VALUE CONTRACTOR OF CITY TO SEE THE SECOND SECTION OF THE SECOND SECTION OF THE SECOND SECON The state of the state of the state of the second state of the sec

Division of STATISTICAL RESEARCH, AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #9 Film CERTIFICATE OF DEATH 03247 law requires that the death certificate be executed within 24 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) campletely filled in by the funeral tove carban papers. Pages 1 and o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest tow nidale d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 00 YES NO T NAME OF First Middle Lost 4. DATE Month Doy Year DECEASED OF nar 196 (Type or print DEATH S. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED remove lost birthdoy) Months Doys Hours WIDOWED X DIVORCED physician and 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? please carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal en the attending passit permit. The 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT 10 INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) physician DUE TO burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse attending O FUNERAL DIRECTOR: After this certificate has been the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PHYSICIAN: The CERTIFICATION NO by the haspital ar far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While ot work ot work 19.67 ta_ _, 1967, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram Feld be retained shauld 19 67, and that death accurred at 5 PM, fram causes and an the date stated above. saw the deceased glive an Man 22b. DATE SIGNED 220. SIGNATURE **ATTENDING** M.D. DIRECTOR PHYS. PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 0 MEN NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREO! (County) (Stote) REMOVAL (Specify) unia ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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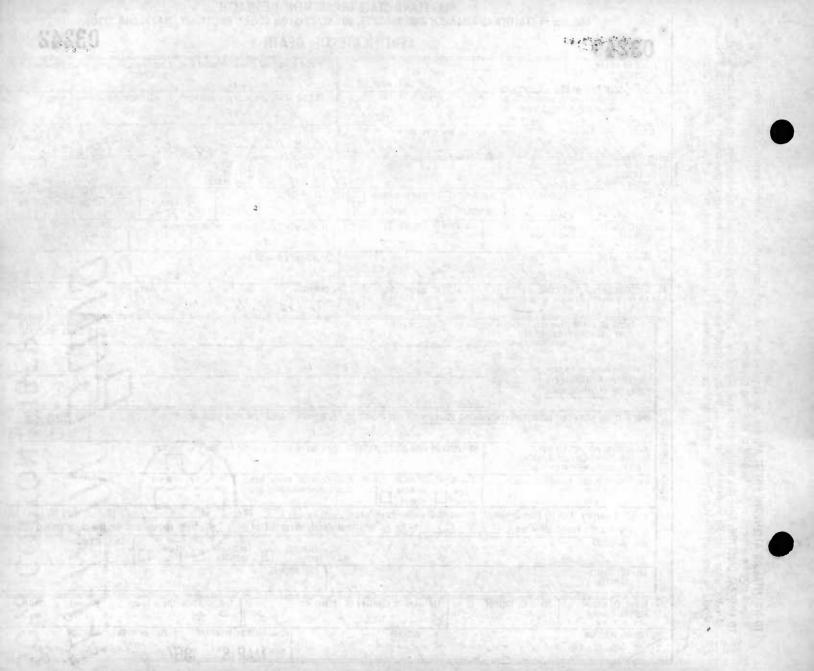
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03248 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours ofter death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a STATE b. COUNTY Baltimore Baltimore Maryland MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Overlea papers. hin 72 hoo Overlea d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4500 Kenwood Avenue Kenwood Avenue YES NO T 3. NAME OF Last 4. DATE Manth Day Year DECEASED Alice (Type or print) Hunt. DEATH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED last birthday) Days Manths Haurs WIDOWED DIVORCED emale White 8-3-1897 puo 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired)
Housewife INDUSTRY COUNTRY? W. Va. Huntington

14. MOTHER'S MAIDEN NAME Housewife 13. FATHER'S NAME or removol, Unknown Unknown IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, na. ar unknown) (If yes give war ar dates of service) No Mrs John Mergler 6008 Westwood Avenue 233-07-1169D cremation, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) signed by the burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Poge 4 moy be retained by the hospital or attending physicion. DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUF TO stating the underlying cause detached for use os the hos been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO F certificote 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Manth, Day, Year (Caunty) FUNERAL DIRECTOR: After this Haur a.m. factory, street, affice bldg., etc.) While Nat While at work at work 21. I certify that (I) (this haspital) attended the deceased from 170-1130, 1966, ta (Y) which, 1960, that (I) (we) last March 3 19 67 and that death accurred at 7.05 M, fram causes and an the date stated above. saw the decepsed alive on 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF M director, poge 3 should be filed v DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S B22+06. NAME (Type) har les 6801 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (State) 23a. BURIAL, CREMATION (County) REMOVAL (Specify)
Burial 0 -20-1967 Gardens of Faith Cemetery Baltimore 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR DATE P

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03242 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH the attending physician and campletely filled in by the funera sit permit. Then please remave carban papers. Pages 1 and SOUNTY b. COUNTY o. STATE law requires that the death certificate be executed within 24 haurs after c. LENGTH DF STAY IN 1b c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town) (If outside corporate limits, and give nearest town please remave carban papers. Pag Landin anv event, within 72 haurs e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) YES NO X NAME OF DATE Doy Year aF DECEASED DEATH 19 6 (Type or print) 006 6. CDLDR OR RACE 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS SEX DATE OF BIRTH 7. MARRIED NEVER MARRIED lost birthdoy) Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & Stote, or foreign country) COUNTRY? during most of working life, even if retired) **INDUSTRY** House 4-11 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paylow SK 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. permit. (Yes, no, or unknown) ((If yes give wor or dotes of service 1225 Hanbert INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by DUF TO Conditions, if ony, which gove rise to immediate couse (o), DUF TO stating the underlying couse the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) far use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year foctory, street, office bldg., etc.) Hour o.m. Not While ot work should be 67, 1967; that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased from_ 7-, 1961., to Page 4 may be retained 19 67, and that death occurred at 6.10 PM, from causes and an the date stated above saw the deceased alive on_ 167 22b. DATE SIGNED 220. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23b. DATE THEREOF Augz Ar Iry Havey Menorial 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR Charles L. Stevens Faneral Home. Inc VR A15 (4) 20 M 1/66



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03320

## CERTIFICATE OF DEATH

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L	0000	CERTIFICATE	OI DEATH	UD	したなり			
1.	o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE Maryland	sed lived, if institution: Reside b. COUNTY	nce befare admission)  Baltimore			
Г	b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) ATDULUS	c. LENGTH DF STAY IN 1b	c. CITY DR TOWN (If autside carpara <b>Arbutus</b>	ite limits, write RURAL and giv	ve nearest tawn)			
	d. NAME OF HOSPITAL DR INSTITUTION (If not 1033 Courtney		d. STREET ADDRESS 1033 Courtne	y Road	e. IS RESIDENCE ON A FARM? YES NO			
3.	NAME OF BECASED (Type or print)	Johnson, Sr.	Last 4. DATE OF DEATH	March 14,	Doy Year 19 <b>67</b>			
	SEX 6. COLOR OR RACE White	7. MARRIED NEVER MARRIED   8 WIDOWED DIVORCED	9-15-1910	D. AGE (In years last birthday) 56 yrs.  IF UNDER Manths	Doys Haurs Min.			
	Do. USUAL OCCUPATION (Give kind of work done uring most of working life, even if retired)  Machinist	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or for Maryland	reign country) 12. C	ITIZEN OF WHAT OUNTRY? U.S.A.			
	3. FATHER'S NAME Bradley T. J	ohnson, Sr.	14. MOTHER'S MAIDEN NAME  Mary C. Fa	aegans				
1:	S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give war ar dates af		NFORMANT Bernard Johnson	Address, Jr. 1033 So	urtney Rd.			
	Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause (but the conditions of the cond	Princery So	sis - Jene Le - Lung	ralized.				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO			
CERTIFICATION		20b. DESCRIBE HOW INJURY OCCURRED. (	Enter nature af injury in Part I ar Par	t II af item 18.)				
MFDICA	2Dc. TIME OF INJURY Month, Day, Year Haur o.m. p.m. 19							
	21. I certify that (1) (this hospital) attended the deceased from Year, 1957, to 3/14, 1962, that (#) (we) lo sow the deceased alive on 3/14, 1962, and that death accurred of 8 AM, from couses and on the date stated above							
	22a. SIGNATURE  22c. PHYSICIAN'S NAME (Type) Dr. James	h frederick	22d. ADDRESS	STAFF 22b. D	to. Md. 27			
23	3d. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 3-17-1	36 1 1	REMATORY 23d. LO	ocation (City or Town) ard County, M	(County) (Stote)			
	24. FUNERAL DIRECTOR	4107 Wilkens Ave. 21	229 2Sa. REC'D BY REGISTR	1967 School STRAR'S	SIGNATURE			

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after a Page 4 may be retained by the haspital ar attending physician.

ono itia **: 3_ 2:3 275, 27 Agi neun SUL COUTERS NO. 1 03 Courtie Los TI (100100 , TERES), II, 9-15-1910 dolici so. ire ley T. ichnen, Er. 713-71-175 r. mornerd Johnson, Jr. 1953 Court may de.

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## FOR STATE HEALTH DEPT.

TO DEPUTY MET EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execut. As certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to e funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form, PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	0325	· IV	IEDICAL	EXAMINER'S	CERTII	FICAT	E OF DEA	HTH	U	3244	4
1.	PLACE OF DEAT	Н			2. USUAL	RESIDEN	CE (Where deceased	lived, If Insti	tution: Reside	nce before a	dm Isslon)
	B. COUNTY E	altimore		MARYI AND	a. STA		ryland	b. COUNT	Balti	mone	
	b. CITY OR TOV	VN (if outside corpora	ate limits.	c. LENGTH OF STAY IN 1b	C. CITY OF		outside corporet	e limits, writ			st town)
	WIITE RURAL	end give nearest to	wn)						,	**	,
-	Darro	ws Point	ON /If not in ho	Hours ?? spital, give street eddress)	d. STREET		ndalk		0.	5-/	IDENOF
		Dispensary	ON (II HOL III HO	spital, give street eddress)	G. SIKEEI	ADDRESS				e. IS RES	FARM?
	Flant	Tabellagr. A			771	3 Trap	pe Rd. #	22		YES 🗌	NO Z
3.	NAME OF DECEASED		Irst	Middle	Last		4. DATE	Month		ay Ye	ar
	(Type or print)	Alfred	1	R.	JONES		DEATH	3-	2]	L 19	67
5.	SEX	6. COLOR OR RACE	7. MARRIEO	NEVER MARRIED	8. DATE OF		9. AGE		FUNDER 1 YE	AR IF UNDER	R 24 HRS
	Male	White	WIOOWED !	OIVORCEO	6-18	3-09	1851 C/2		Montha Oey	s Hours	Min.
10e	. USUAL OCCUPA	TION (Give kind of work	done   10b. Kil	ND OF BUSINESS OR	111. BIRT	HPLACE (S	tete or foreign co	yrs.	1 12. CITIZE	N OF WHAT	I
dur	ing most of work	ding life, even if retire	Ship	DUSTRY		Ohio			COUNT		
12	Shipyar FATHER'S NAM		lourb	Building	14. MOTH	ER'S MAID	EN MARKE		0.	D.A.	
13.		ge Jones									
							Fairburn			7	
15 (Ye	. WAS DECEASED	EVER IN U.S. ARMED F	Accorded to		INFORMANT			Address			
	NO		28	3-01-9333 Wi	fe. Vi	rgini	a Jones,	# 2.a.	b.c.d.		
	18. CAUSE OF	DEATH [Enter only or	ne ceuse per lin	ne for (a), (b), and (c).]					IN	TERVAL BE	
	PART I. O	EATH WAS CAUSED BY	Y: C	orenary Occlu	sion-				0	NSET AND	DEATH
	420	1/	(0)	U							
	Conditions, if	any, which \	A.	S.C.V.D.						Section 2	
	gave rise to	Immediate	(-/-								
	cause (e), s	raring mo	T0								
Z	underlying cau		(C)	TING TO DEATH BUT NOT REL	ATED TO THE I	EDMINAL P	DISEASECONDITIO	N CIVEN IN D	ADT 1(2)   1	9. WAS AL	TOPSY
MEDICAL CERTIFICATION	PARTITIONER.	316HTFTCANT CONDITT	ONS CONTRIBUT	TING TO DEATH BUT NOT KEE	ALED TO THE I	ERMINALL	713EA3E CONDITIO	N GIVEN IN C.	A-05	PERFOR	RMED?
ICA										YES	NO
RTIF	20e. EXTERNA PRIMARY ☐ or	CONTRIBUTING THE	20b. D	ESCRIBE HOW INJURY OCC	URRED. (Ente	r nature of	f injury in Part I	or Part II of	Item 18.)		
CE	CAUSE OF DEA	TH. N	ρ	NT .						- 77	
CAL		INJURY Month, Day,	Year   20d. IN	JURY OCCURRED   20e. PLA	ACE OF INJUR	Y (Home, fa	rm, 20f. (City	or town)	(County)	(5	State)
9	Hour e.		While at work	Not While D	013, 31,001, 011	reo biug., c	20.7				
2				ins described above, he	ld an Auton	cv 🗆	Inspection X	1 inquir	у [Х], а	nd in my	oninion
	death result		l causes X,		icide .	Homici		etermined r			оринон
	ueatii resuri	Led Holli: Matura	i causes [44],	Accident, Su			L EXAMINER	eremmen i	namer		
	ACTUAL	10/0	1	and my	1 400		_			22. DATE	SIGNED
	SIGNATURE	11111	NA	Mr 11/2	WI.U.		DICAL EXAMINER			3-21	
	EXAMINER'S NAME (Type)	M.B . Davis	s, M.D.	6800 Morning			timewa or		222		
000					11001		23d. LOCATI			10	tate)
23a	REMOVAL (Sp	eclfy)		23c. NAME DF CEMETER	T OR CREMAI	UKT					tate)
-	Buria	l Mar-2	25-1967	Oak Lawn		05- 05-	Baltimo		aryland		
24			alk. Mo	ryland 21222		25a. RE	C'D BY REGISTRAI			GNATURE	
	JOIN OF	Done, Dulle	realing Field	Tarm with	13 3	MAR	2 2 1967	your	wer fr	nogen	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremotion, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physicion.

> VR A15 (4) 20 M 1/66

## ... MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

/		03252	CERTIFICATE	OF DEATH		03245 /
И		PLACE OF DEATH			here deceosed lived, if institution: Reside	ence before odmission)
		o. COUNTY BaltIMORIE	MARYLAND	a. STATE Max		nurset
		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town).	c. LENGTH OF STAY IN 16	1	ide corporote limits, write RURAL and gi	ive nearest town)
		Cockellsville	14 yrs,	marior	1 Station	19-2
		d. NAME OF HOSPITAL OR INSTITUTION (If not in has	pitol, give street oddress	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
)		1700	mes			YES NO X
		NAME OF First	Middle	Lost	4. DATE Month OF Month	Doy Year
	S.	(Type or print) JN LY C		DATE OF BIRTH	9. AGE (In years IF UNDE	R 1 YEAR   IF UNDER 24 HRS.
	3	11. 11.1	RRIED NEVER MARRIED (8)	august 14	lost birthdoy) Months	Doys Hours Min.
	10o. duri		10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County 8	- 1- 1 (	OUNTRY OF WHAT
		Housewife		Somma	Cool Ma	4.5.17
	13.	FATHER'S NAME	0	14. MOTHER'S MAIDEN N	. 000	
	10	William E.	ohnson	Mary		
	15. (Ye	was deceased ever in u.s. armed Forces?  s, no, or unknown) (If yes give wor or dates of service	16. SOCIAL SECURITY NO. 17. IN	NFORMANT	Address	n 1
		NO	220-54-96921	Records of	ma. Museum Harne	a Dockey ill
		18. CAUSE OF DEATH (Enter only one couse per li PART I. DEATH WAS CAUSED BY:	ine fgr (o), (b), ond (c).)	1 1/1	11	INTERVAL BETWEEN ONSET AND DEATH
		2 2 / IMMEDIATE CAUSE (o)	cher asin	lan Alle	dent	ONSET AND SEATT
		OUE TO	Phanil Bro	in Smed	home_	THE REAL PROPERTY.
		conditions, if ony, which gove rise to immediate couse (a),	chiphe, o			
		stoting the underlying couse last.	Advanted So	Zueliky		
	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	ITING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE CONF	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED?
3	ATIO					YES NO
	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ 2 OR CONTRIBUTING ☐ CAUSE OF DEATH	20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in P	art 1 or Port 11 of item 18.)	7 - 13
		(IF EITHER, NOTIFY MEDICAL EXAMINER)				
	MEDICAL	Hour o.m.	While Not While focto	E OF INJURY (Home, form, ry, street, office bldg., etc.)	20f. (City or town) (C	aunty) (Stote)
		21. I certify that (I) (this haspital)	otwark U otwork U	Annut 10	105 10 Feb 27.19	6 7that (1) (we) last
		saw the deceased alive an		death accurred at	12 DAM, fram causes and an	
		220. SIGNATURE	Hamelynn		MED. STAFF	DATE SIGNED
		22c. PHYSICIAN'S	M.D	PHYS. 22d. ADDRESS	DIRECTOR PHYS.   PMZ	even 1/1701
1		NAME (Type) JAMSHID	HAMED	1911	SONIC Home	
	230	. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR C	REMATORY	23d. LOCATION (City or Town)	(County) (Stote)
		BURIAL MARCH 3,	1967 St Paul's C	emetery	Marion, Marylar	ıd
		. FUNERAL DIRECTOR	ADDRESS	/	BY REGISTRAR 2Sb. REGISTRAR'S	
	V	Vm. Cook-Brooks Towson,	1050 York Road Towson 4, Maryla	nd DATE MA	AR 2 1967 Julie	was Judget

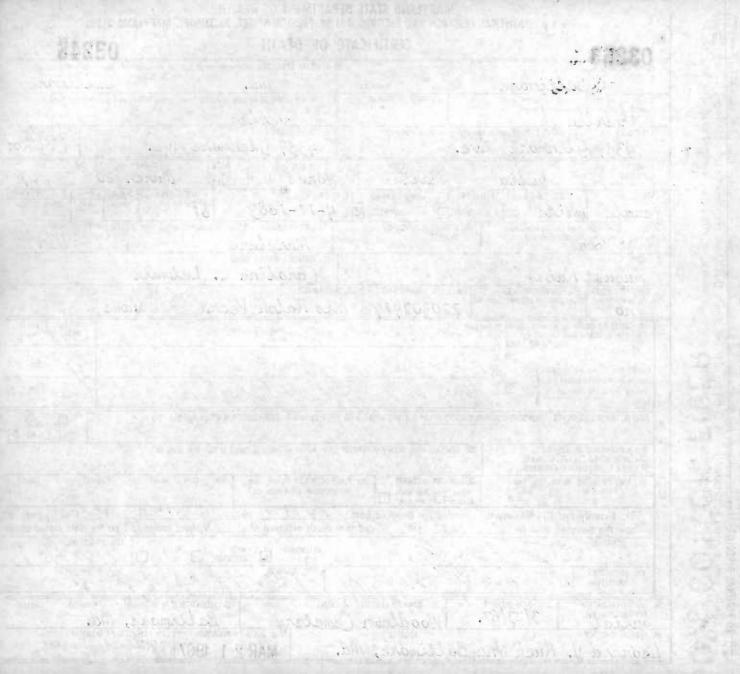
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### MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

7	•	03953			CERTIFIC	CATE	OF DEATH		- 46	03	246	
atter deoth	1. [	LACE OF DEATH a. COUNTY	Baltimore		MARYLA	ND	2. USUAL RESIDENCE (V o. STATE Md		ived, if instituti b. COUN		1	
ours att		write RURAL or	(If outside carporate limits ad give neorest town)		LENGTH OF STAY IN 1	1b	c. CITY OR TOWN (If ou	tside corporote li ea	mits, write RUR	AL ond give	13	-/
7	2 "	1. NAME OF HOSPI 4339	TAL OR INSTITUTION (IF no Glenmore	Ave.	itreet oddress)		d. STREET ADDRESS 4339 GL	enmore	Ave.			A FARM?
nt, wm		NAME OF DECEASED Type or print)	Julia	. 1	Middle Parie		Jones	4. DATE OF DEATH		ch 20		Year 19 67
n any event, withfin 72 hours	$-\Delta$	emale	6. COLOR OR RACE white	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		H-11-1885	84	GE (In years st birthdoy) yrs.	Manths 1	Doys Ho	
and in	duri	ng mast of working	N (Give kind af work done g life, even if retired) TIC	10b. KIND C	OF BUSINESS OR IRY		11. BIRTHPLACE (County  Maryla	nd	country)		IZEN OF WHA	SA
moval,			t Kaiss				14. MOTHER'S MAIDEN I					
cremation, or removal, and in an			(If yes give wor ar dotes o	of convice)	AL SECURITY NO. 0302919		rs Ralph	Veara	Addre	same		
buriol, cremation, or removal, and in any		18. CAUSE OF E PART I. DE	DEATH (Enter only one cat ATH WAS CAUSED BY: IMMEDIATE CAUSE	(o) Cay	(b), ond (c).)	æ	rest					BETWEEN ND DEATH
buriol, cremation, or re		Canditions, if on rise to immedia	te couse (a),	(b) 7	1.0=	7					78	0
Health prior to l		lost.	erlying couse  SIGNIFICANT CONDITIONS C	(1) Lere	EATH BUT NOT DELAT	MU TO TO	SULFTU	ELECTION GIVEN IN	DAPT 1(a)		119. WAS	AUTOPSY
	CERTIFICATION						inter nature of injury in				PERF YES _	ORMED?
ot. of H	AL CERTIF	OR CONTRIBUTIN (IF EITHER, NOTIF	AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)							16		(51-4-)
ate De	MEDICAL	Haur a	.m. 19	While of work	Nat While ot work	focta	OF INJURY (Hame, form ry, street, affice bldg., etc.)		ity ar town)	(Cau	<del>()</del>	(State)
the Sf		saw the	t <b>ify</b> that (I) (t <del>his hos</del> deceased alive an	pital) attended	the deceased fr	am nd that	death accurred at	9to	ram causes	and an th	that (ne date st	1) ( <del>we)</del> last ated abave.
should be filed with the State Dept. of		220. SIGNATUR	rella ?	Kary	9 m	M.D	ATTENDING PHYS. 22d ADDRESS	MED. DIRECTOR	STAFF PHYS	3/	Y/	67
ld be fil		22c. PHYSICIAN NAME (Typ	e) WAKTE	Rh.	KARFEI	14	4351	Hea	pred	K	0	/Sa-a-3
shou		BURIAL, CREMAT	(v) 3/23/	67. 2	NAME OF CEMETE  Woodlawn  ADDRESS	-	metery		ION (City or To			(State)
W. C.	24	FUNERAL DIRECT		anc Bal		Md.	DAIAR		divide.		Judy	pe

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Poge 4 may be retained by the hospital or attending physician.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03255			CERTIFICATE	OF DEATH			0324	8
PLACE OF DEATH     o. COUNTY	Baltimo	re	MARYLAND	2. USUAL RESIDENCE (V	land	b. COUNTY	Ballin	TAPE
b. CITY OR TOWN (I write RYRAL and	If autside corparate limit give nearest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	utside corparote lim	its, write RURAL		tawn)
	at or institution (if note to Joseph H			d. STREET ADDRESS	Glenkirk		е.	ON A FARM?
3. NAME OF DECEASED	F	irst	Middle	Lost	4. DATE OF	Month	Day	Year
(Type or print)  5. SEX  Female	6. COLOR OR RACE White	7. MARRIED	NEVER MARRIED	Kane 8. DATE OF BIRTH 10-15-91		histoday) N		IF UNDER 24 HRS Hours Min.
	l (Give kind af wark dane life, even if retired)	10b. KI	ND OF BUSINESS OR DUSTRY Own Home	11. BIRTHPLACE (County Scranto		ountry)	12. CITIZEN OF COUNTRY?	WHAT
13. FATHER'S NAME	ed Burke			14. MOTHER'S MAIDEN I	- 1			
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes	of service) 16. S	SOCIAL SECURITY NO. 17. I	NFORMANT Bernard	Norton	6702	Glenkir	k Rd.
	Y	(o) Core	(o), (b), and (c).) pulmonale					RVAL BETWEEN ET AND DEATH
Conditions, if any, rise to immediate stating the under last.	, which gove e couse (o),	(b) Seve	ere fibrosis of	left lung.				
PART II. OTHER SIG	GNIFICANT CONDITIONS (	ONTRIBUTING T	O DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CON	NDITION GIVEN IN F	PART 1(o)		WAS AUTOPSY PERFORMED? S X NO
(IF EITHER, NOTIFY	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Part I or Part II af	item 1B.)		
20c. TIME OF INJU Hour o.m	10	20d. IN While of work	- Not While - fort	CE OF INJURY (Hame, farm ory, street, office bldg., etc.)		ar town)	(County)	(State)
21. I certif	fy that (1) (this ha eceased alive an_	spital) attend	ded the deceased fram	March 5, , 1 t death accurred at	2:25AM, fra	arch 6, m causes an	, 19 <u>67</u> the d an the date 22b. DATE SIGNE	stated abay
271 PHYSICIAN'S NAME (Type)		. Cockt	ourn, M.D.	D. ATTENDING PHYS. 22d. ADDRESS 7620 York	5 0 0	STAFF PHYS. &	March 6	,1967.
23a. BURIAL, CREMATIC REMOVAL (Specify)		,	23c. NAME OF CEMETERY OR Holy Sepula	cher Cem.	Phio	N (City or Town)	hia, Pe	(Stote)
24. FUNERAL DIRECTO	R	,	ADDRESS Md.	2So. REC'I	D BY REGISTRAR	2Sb. REGIS	TRAR'S SIGNATURE	

VR A15 (4) 20 M 1/66

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death

Page 4 moy be retoined by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fune director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 of should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after de

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03256 CERTIFICATE OF DEATH the attending physician and completely filled in by the funeral sit permit. Then please remove cathon papers. Pages 1 and 2 mation or removal, and intent event, within 72 haurs after death requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Marvland Balto. Baltimore MARYLAND c. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Catonsville 2yrs Catonsville d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6307 Hamilton Avenue Spring Grove State Hospital 21206 YES NO X 3. NAME OF Middle 4. DATE Manth Year DECEASED 9, 1967 Amelia Karo March (Type or print) DEATH 19 S. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years NEVER MARRIED birthday) Months Days Hours 12-23-82 White WIDOWED T DIVORCED Female 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT industry ousewife during most of warking life, even if retired)
Housewife U.S.A. Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Paul German WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknawn) (If yes give wor or dates af service) Spring Grove State Hospital Records: 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Myocardial Infarction IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if any, which gave rise to immediate couse (o). DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been d far use as the af Health prior ta PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Feeding problem - Chronic Brain Syndrome associated with Cerebral WAS AUTOPSY PERFORMED? YES NO 2012 THE RIOW MULTY OCCURRED. TENIER nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State) Hour o.m. foctory, street, office bldg., etc.) Not While at work at wark reased fram 10-11-63, 19 , ta 3-9-67 , 19 , that 7) (we) last , and that death accurred at 1:20, M, fram causes and an the date stated above. 21. i certify that *) (this haspital) attended the deceased fram_ ____, 19____, that 3 (we) last shauld 3-9-67 19_ saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING directar, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS. Spring Grove State Hospita 1 22c. PHYSICIAN'S NAME (Type) Evelio A. Felipe Catonsville, Maryland 21228 23d. LOCATION (City or Town)
Golden Ring 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF Balto. (State) REMOVAL (Specify) Zion Cemetery -11-1967 Burial ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66

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3-30-67

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VR A15 (4)

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2d Film #G386 3/13/67 pg CERTIFICATE OF DEATH death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY MARYLAND papers. Pages 1 July 72 hours after by the Pages (If owside carporote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest tawn) OWSON .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street oddress) ON A FARM? filled 56 NO PS YES within campletely fil NAME OF Middle First DATE Year Doy DECEASED DF DEATH 60 remave car event. S. SEX OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED AGE (In years NEVER MARRIED lost birthdoy) Months Days Hours and in any WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? INDUSTRY physician 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, NELSON MARY C. HERMAN H. attending p LOYOLA Add HIGH SCHOOL 15. WAS DECEASED EVER IN ILS ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFDRMANT (Yes, no, or unknown) (If yes give wor or dates of service BOYCE AVE. -21204 REV. MCNAMARA crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit burial, cremati ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by be retained by the haspital ar attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse has been the af Health priar ta lost. gp WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) IFICATION NO certificate Igr 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) After this 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) While Not While at wark 21. I certify that (this hospital) attended the deceased from M, from couses and on the date stated above and that death occurred of 2 TO FUNERAL DIRECTOR: saw the deceosed alive on 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL Page 4 may NAME (Type) BALTO. MED. CENTER GREATER 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 67 NOODSTOCK COLLEGE
ADDRESS 250 BALTIMORE, MD MOODSTOCK 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 805 N. CALVERT ST. & SON . W. MEARS

MARYLAND STATE DEPARTMENT OF HEALTH

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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#### CERTIFICATE OF DEATH

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t: The law	icate has been for use as the Health priar ta	CERTIFICATION		NIFICANT CONDITIONS	CONTRIBUTING	O DEATH BUT NOT	RELATED TO	THE TERMINAL DISEA	ASE CONDITION (	GIVEN IN PART 1(o)	9.4	19. WAS AUTO PERFORM YES	
S PHYSICIAN:	4	L CERTIFI	20o. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY N	_J CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY	OCCURRED.	(Enter noture of in	jury in Port I or	Port II of item 18.)			
5 ÷	this letac Dep	MEDICAL	20c. TIME OF INJUI Hour o.m p.m	10	20d. II While of worl	Not While of work		CE OF INJURY (Hom lory, street, office bld		f. (City or town)	(Cou	nty) (	Stote)
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OR ATTENI	RECTO 3 sha 1 with		220. SIGNATURE	1 mun	R.	Clem		ATTENDING	MED. DIRECTOR		The second second	TE SIGNED	
TO HOSPITAL O	O FUNERAL DIRECTOR: director, page 3 should be filed with the		22c. PHYSICIAN'S NAME (Type)	NORMA	NR.	TLE!		22d. ADDRES	55	MONDS		7	
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	PLACE OF DEATH o. COUNTY	Baltimore			M	ARYLAND		TATE Mary			lived, if	instituti b. COUN	on: Reside	nce before	odmiss eor	ion)
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	NAME OF DECEASED (Type or print)		rst	-	Middle A.			lost ker Sr	4. D/	ATE .	2.00	Montl	/	Doy 22	У	ear 6 )
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13.	FATHER'S NAME			11	N H			OTHER'S MAIDEN I	NAME			9.11				
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		R IN U.S. ARMED FORCES? (If yes give wor or dotes)	of service	2)	OCIAL SECURITY NO		nform	nt ls: Spri	ng (	irov	e St	Addre		pital		
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	rise to immediate stating the under	e couse (o),	(b) TO							E.		30				
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CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING			20b. DES	CRIBE HOW INJURY	OCCURRED. (	Enter no	ture of injury in	Port I o	r Port II	of item	1B.)	File			
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	saw the de	fy that (light)this has	pital)	attend	ed the decease	ed from , and that	death	accurred at	9_	_, to_ 	Man from c	ولم خ auses (	1), 19 and on	62, th	at 1(t) e state	(we) las d above
	220. SIGNATURE	Mhorn	1	The	longh	M.D.	PH)		MED. DIRECT		STAF PHY	s. Lx	3	-22-	67	
	22c. HYSICIAN'S NAME (Type)	Anth	ony	J. :	Young, M	.D.	22	d. ADDRESS Catonsv	ille	e, M	ary	land		Hosp 28	pita	1
230	BURIAL, CREMATIO	Mar 25,		67	23c. NAME OF C			ry			ning	ton	DC	(County)		Stote)
24	F. FUNERAL DIRECTO	sch's Sons	Н	yatt	sville,	"d.		2So. REC'I		GISTRAR 196			GISTRAR'S			

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after peath.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARC

Baltimore

a. IS RESIDENCE ON A FARM?

IF UNDER 24 HRS.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

22b. DATE

(State)

SIGNE

(County)

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death certificate VR A15 (4) 15M 9/60

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESION STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY 0 b. CITY OR TOWN (If outside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawp nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCI haurs ON A FARM? 3. NAME OF 4. DATE DECEASED last birthdoy) Months WIDOWED X 80 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT **INDUSTRY** COUNTRY? U.S.A. MOTHER'S MAIDEN NA and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT executed permit. (Yes, no, or unknown) (If yes give war or dates af service) ar remayal. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) crematian, Conditions, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying cause burial, 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO N 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Hame, farm, (City or town (County) (State) factory, street, affice blda., etc. at wark at wark 21. I certify that I took charge af the remains described above, held an Autopsy Inspection X, Inquiry X, and in my opinian Accident X death resulted fram: Undetermined manner Natural causes Suicide Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, tawn, ar county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) 50 3-11-1967 St. Johns Cantius Windber, Pennsylvania **ADDRESS** lIsworth Armacost -4600 Liberty Hghts. Ave. DATE VR A15ME (5) 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03263 be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) 1. PLACE OF DEATH and campletely filled in by the fund-remove carbon papers. Pages 1 an n any event, within 72 hours after dea o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 53wrlOmthl5dys Balto. City Catonsville d. STREET ADDRESS IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Bay View Hospital Spring Grove State Hospital YES NO T 3. NAME OF Middle 4. DATE Month Doy Year DECEASED March 29 67 Kral 19 Joseph DEATH (Type or print) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost hirthdoy) Months Dovs Hours 5-23-88 and in any WIDOWED DIVORCED Male White 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11, BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT please during most of working life, even if retired)
Electrial worker U.S.A. INDUSTRY physician requires that the death certificate Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remaval, Magdalene Snerha Joseph Kral IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unknown) I(If yes give wor or dotes of service) 219-54-3196-T Records: Spring Grove State Hospital NO crematian, IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY:
Bronchopne INTERVAL BETWEEN burial-transit IONSH AND DEATH Bronchopneumonia; organism unknown IMMEDIATE CAUSE (o) signed by DUE TO Pulmonary metastases Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending as the has been prior to Fibrosercoma of the abdomen 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) be detached far use State Dept. af Health YES K NO O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) (Stote) foctory, street, office bldg., etc.) Hour o.m. Not While While of work ot work OR ATTENDIN 21. I certify that (this haspital) attended the deceased fram 5-14-13, 19-35 to March 29 67, that (we) last saw the deceased alive an March 29 19 67, and that death accurred at 9:35 M, fram causes and an the date stated above. March 29 67, that xt) (we) last 22b. DATE SIGNED 22o. SIGNATURE ATTENDING 3-29-67 X M.D. PHYS. PHYS. DIRECTOR director, page should be filed ed 22c. PHYSICIAN'S 22d. ADDRESS Spring Grove State Hospital NAME (Type) Anthony J Young M.D. Catonsville, Maryland 21228 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. 23b. DATE THEREOF (Stote) REMOVAL (Specify) 3/31/67 Most Holy Redeemer Burial Baltimore, Md. 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66 Mianten 1217 St. Paul St DAAP

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03264 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT! PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) deloy is and 3 to ama. Poge a. COUNTY b. COUNTY a. STATE of Maryland Baltimore MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b ofter Baltimore Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 72 hours St. Joseph's Hospital 1538 Oakridge Road Item 18. Give Poges ate NO 24 hours after death. Office olong with NAME OF First 4. DATE Last Manth Year DECEASED (Type or print) STEPHANIE KRAMER March 15 19 67 Page DEATH within S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED \$ Manths Days Hours Nov. 4, 1940 Female. White WIDOWED DIVORCED event 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRYS Baltimore, Md. = in any Housewife 13. FATHER'S NAME certificate should be executed within pencil 14. MOTHER'S MAIDEN NAME W. Frank Just Ethel V. Smith and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, ar unknawn) (If yes give war ar dates af service cremotion, or removal, 214-38-4768 Mr. Charles P. Kramer same address CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN buriol-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Craniocerebral Injury. e, writing the word forwarded to the Ch DUF TO Conditions, if ony, which gave (b) rise to immediate couse (a), DUE TO stoting the underlying couse 0 used os burial, a last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? please execute the certificate. YES 🔀 agent, prior to NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I at Part II af item 18.) 20o. EXTERNAL CAUSE WAS 3 should PRIMARY STOR CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH. Driver in auto-auto collision. MEDICAL 20d. INJURY OCCURRED (City ar tawn) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, farm, (County) (State) 12:05 Hour a.m. factory, street, affice bldg., etc.)
Street may be retained tot your FUNERAL DIRECTOR: Poge While Not While of work at work Baltimore Md. 1967 21. I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry 1 and in my apinian Natural causes . Accident X Suicide . death resulted fram: Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER TO DEPUTY 3/16/67 DEPUTY MEDICAL EXAMINER ealth or **EXAMINER'S** NAME (Type) Address (Street, city, tawn, or caunty) Charles S. Petty 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) (State) 0 Cockeysville, Md. 3/18/1967 Dulaney Valley Memorial 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5) MAR 2 0 Charle

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital ar attending physician.

VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

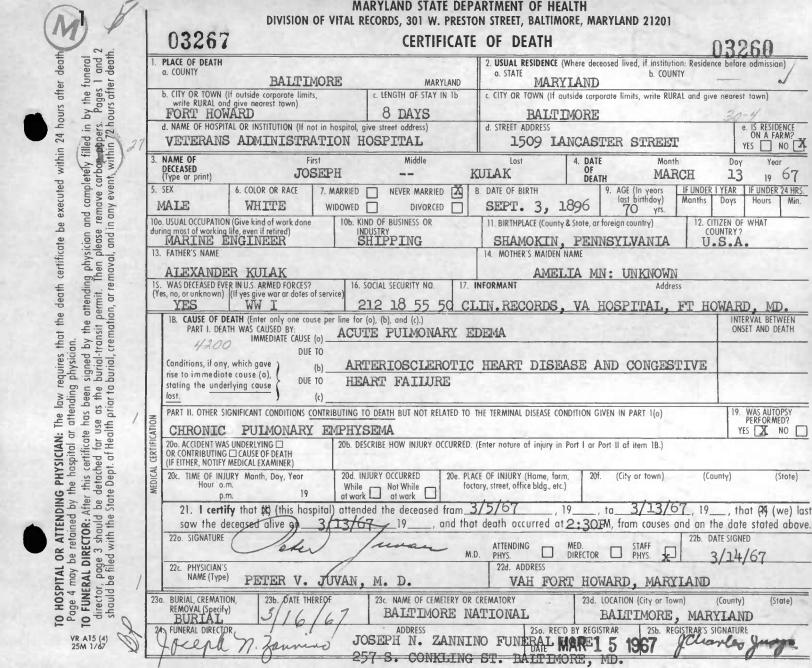
OF DEATH

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	Baltimore			MAR	YLAND	Maryland	0. ((	JUNIT		1	
ı	b. CITY OR TOWN (I	f outside corporate limits,		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If o	utside corporote limits, write l	RURAL and give	nearest town)		
	Towson	give nearest tawn)		P. LACE		Baltimore	21206		20-4		
-		AL OR INSTITUTION (If not	in hospital, g	ive street oddress)	S - 1	d. STREET ADDRESS e. IS RESIDENCE					
	St. Joseph	h Hospital				6517 Alta	Ave.	-		FARM?	
	. NAME OF	Firs		Middle		Lost		onth	Doy Y	ear	
	DECEASED (Type or print)	Mary	7	Ann	K	ROCHESKI	DEATH Ma	rch	11, 19	67	
	Female	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE DIVORCE		B. DATE OF BIRTH aptember 1,	1933 9. AGE (In yeors last birthdoy)	Months 1	YEAR IF UND Doys Hours	ER 24 HRS. Min.	
1	10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY  INDUSTRY  11. BIRTHPLACE (County & State, or foreign country)  Maryland										
	13. FATHER'S NAME	Dominic	Gallo			14. MOTHER'S MAIDEN	NAME Antoinet	te Kond	pka	1	
	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no prunknown) (If yes give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  18. Bernard M. Krocheski (										
		which gove e couse (o), lying couse	Su Su	(o), (b), ond (c).) b arachno.	id he	morrhage			INTERVAL BI ONSET AND		
7	PART II. OTHER SIG	GNIFICANT CONDITIONS CO	NTRIBUTING T	O DEATH BUT NOT RE	LATED TO 1	HE TERMINAL DISEASE CO	ONDITION GIVEN IN PART I(o)		19. WAS AU PERFOR YES	TOPSY MED? NO DC	
O CENTRAL PROPERTY OF THE PARTY	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY		20b. DES	SCRIBE HOW INJURY O	OCCURRED.	Enter noture of injury in	Port I or Port II of item 18.)				
	20c. TIME OF INJU	10	20d. IN While of work	Not While of work		E OF INJURY (Home, for ory, street, office bldg., etc		(Cou	nty)	(Stote)	
		fy that 🗱 (this hosp eceased alive on		ded the deceased	from and that	2 <b>/27/</b> t death accurred a	19 <u>67</u> , to <u>3/11/</u> t <b>7:34A</b> M, fram cause	19 <u>6</u> s and on th	27, that $(4)$ ie date state	(we) lost ed obove.	
	220 SIGNATURE	youpe 1	1. The	soupa	M.I		MED. STAFF DIRECTOR PHYS.		te signed ch 11,	1967	
	22c. PHYSICIAN'S NAME (Type)	Pridipong	se Vit	hespongse	, M.D	• 7620 Yor	k Rd., Towson	, Md. 2	21204		
	REMOVAL Specify	3/14/6	FOF 57.	23c. NAME OF CEA Dulaney		REMATORY by Cemetery		ore, Mo		(Stote)	
)	24. FUNERAL DIRECTO			ADDRESS		2So. REC		REGISTRAR'S SI		4	
	Leonard J.	Ruck, Inc.	Balto	. Md. 212	214	DATE	MAR 1 3 1967	ycha	rles you	dar	

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03268 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) the attending physician and campletely filled in by the funeral sit permit. Then please rema<u>ve-ca</u>rban papers. Pages 1 and a. COUNTY o. STATE b. COUNTY Baltimore Maryland vithin 72 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Baltimore IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS 9407 Fullerdade Ave. #21234 St. Joseph Hospital, Towson, Md. 21204 NO [ NAME OF Middle 4. DATE Month Doy Year DECEASED 67 KYLE March CHARLOTTE R. event, (Type or print) DEATH S. SEX 6 COLOR OR RACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED DATE OF BIRTH **NEVER MARRIED** birthdoy) Months Days Hours Whi te Female WIDOWED DIVORCED and in any 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. 81RTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired). Baltimore Social Security Administration 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remava!, Lillian Schwemm Sylvanus R Weaver IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give wor or dates af service 220-01-1169 No Family Records crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE (AUSE (a) Massive intra Cerebral Hemorrhage DUE TO Perry Aneurysm of the left posterior cerebral artery signed burial, Conditions, if ony, which gave rise to immediate couse (o), DUE TO attending | stating the underlying cause as been as the priar tal last. 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES PC NO this certificate Page 4 may be retained by the haspital ar for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH af detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (State) 20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED (City or town) (County) factory, street, affice blda., etc.) Hour o.m. Not While State at work at wark TO FUNERAL DIRECTOR: After 67 to 21. I certify that () (this haspital) attended the deceased fram. _, that (X (we) last and that death accurred at 4:00 Mr. Mam causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED 3-29-67 director, page 3 shauld be filed v M.D. PHYS. DIRECTOR ADDRESS 22c. PHYSICIAN'S T. Misanik 7620 York Road, Baltimore, Md. 21204 Lawrence NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) (State) REMOVAL (Specify)
Burial 167 Parkwood Cemetery Baltimore Md 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 & SON 8802 Harford road C.F. EVANS

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03269 03262 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral strand PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY Anne Arundel o. STATE Baltimore Perges + Maryland MARYLAND b. CITY DR TDWN (If outside carparate limits, write RURAL and give necrest town)

Catonsville c. LENGTH DF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) in by Arnold bon papers. within 72 ha d. NAME OF HDSPITAL DR INSTITUTION (If nat in hospital, give street oddress) d STREET ADDRESS e. IS RESIDENCE ON A FARM? Shady Nook Nursing Home Shore Acres YES NOX NAME OF Lost 4. DATE Month Doy Yeor ompletely DECEASED March 16, ELIZABETH ( BESSIE ) LANG 67 in any event, (Type or print) DEATH 5. SEX 6. CDLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED birthdoy) Hours Female White 5-13-1883 WIDOWED DIVORCED and 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY?A. l and i Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Dwight Tuttle Annie Scott 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 0 219-30-1614 B Mr. John D. Lang, 13 Summitt Avenue 21228 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) þ DUE TD burial, Conditions, if ony, which gove (b) rise to immediate couse (o), DUE TD for use as the lift Health prior to be stoting the underlying couse certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO I 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) hospital detached f te Dept. of l OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour o.m. Not While foctory, street, office bldg., etc.) ot work 1966, ta 3-16-67, 19_, that (1) (we) las 21. I certify that (I) (this hospital) attended the deceased fram. be retained and that death accurred at P. M., fram causes and an the date stated above 10 FUNERAL DIRECTOR: saw the deceased alive an 3-16-6 22g. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS. PHYS , page be filed 22c. PHYSICIAN'S NAMB (Type) 22d. ADDRESS John Dr. Nesbitt 1009 Frederick Ave., Balto., Md. 23b. DATE THEREOF 23g. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 3-20-1967 Swartz Cemetery Baltimore City, Maryland ADDRESS 24. FUNERAL DIRECTOR

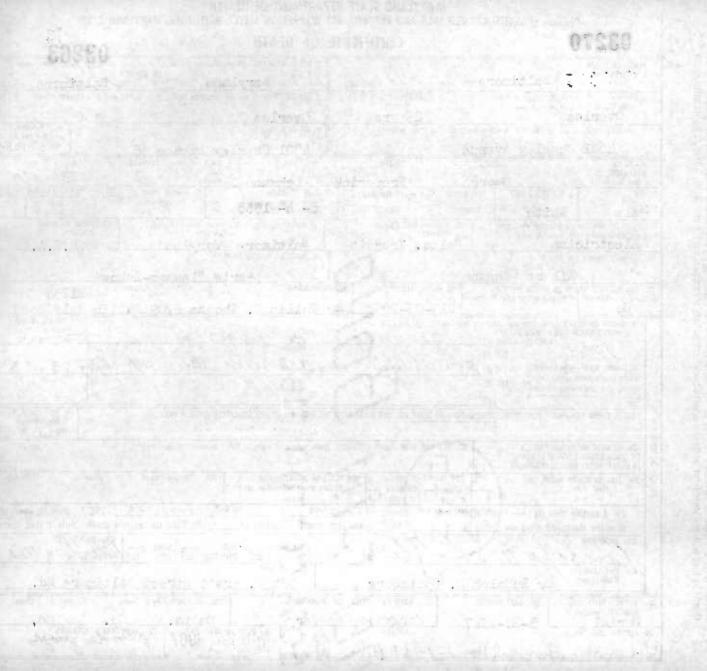
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VR A15 (4) 25M 1/67

Howard H. Hubbard, 4107 Wilkens Ave.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03270 CERTIFICATE OF DEATH funeral 1 and 2 ter death The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY Baltimore Maryland Baltimore combon papers. Pages 1 ent, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Overlea Overlea d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) e. IS RESIDENCE ON A FARM? d STREET ADDRESS 4001 Chesley Avenue 4001 Chesley Avenue NO S 3. NAME OF Middle 4. DATE Lost Month Year DECEASED 19 67 and in any eyent, (Type or print) DEATH George Frederick Lehmann S. SEX 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost hirthday) Manths Days Haurs Male 8- 4-1888 White WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar fareign cauntry) during most of working life, even if retired) INDUSTRY COUNTRY? Electrician Baltimore Maryland Transit 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMETO burial, crematian, ar removal, attending phys Albert Lehmann Marie Blauman-Zukow 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 21234 (Yes, na, or unknown) (If yes give wor ar dates of service No 213-05-9058 Philip T. Thomas 6709 Collinsdale Road INTERVAL BETWEEN ONSET AND DEATH 20 m. 9 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY: Coronary IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUF TO Heart Disease with congestive failor Conditions, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause priar ta l fast. SD WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION of Health 40-40 NO O FUNERAL DIRECTOR: After this certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20d INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this hospital), attended the deceased from may 1 1962 to MAN 25 , 1962, that (1) (we) last Fe 6 1 1962, and that death accurred at saw the deceased alive an_ _M, fram causes and an the date stated above. 22a. SKGNATURE **ATTENDING** MED. DIRECTOR directar, page 3 should be filed v M.D. PHYS. PHYS. 22d. ADDRESS 2c. PHYSICIAN'S NAME (Type) 338 W. Pratt Street Baltimore Md. Dr Rudolph H. Spitzberg 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) (State) REMOVAL (Specify) Parkwood Cemetery Buria Balto 24. FUNERAL DIRECTOR 25 DEGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 DATE



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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eath. and 2 death.		1.	PLACE OF DEATH				2. USUAL	RESIDENCE (Where	e deceosed liv	ed, if instituti	on: Residence	before ode	mission)
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OR ATTENI be retained DIRECTOR: /				ceased alive an_		3 1967 and	that death ac	curred at//-	SPM, fro	ım causes	and an th	e date st	ated aba
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OSF Started		230	BURIAL, CREMATION	. 23b. DATE TH	IEREOF I	23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATIO	N (City or To	wn) (	County)	(Stote)
TO HOSPITAL OR ATTENIED Page 4 may be retained for FUNERAL DIRECTOR: A director, page 3 should should be filed with the			REMOVAL (Specify)	3/17/6						to., M	,	"	
5 5	0	24	FUNERAL DIRECTOR			Oak Lawn C	emetery	2So. REC'D BY			GISTRAR'S SIG	SNATURE	
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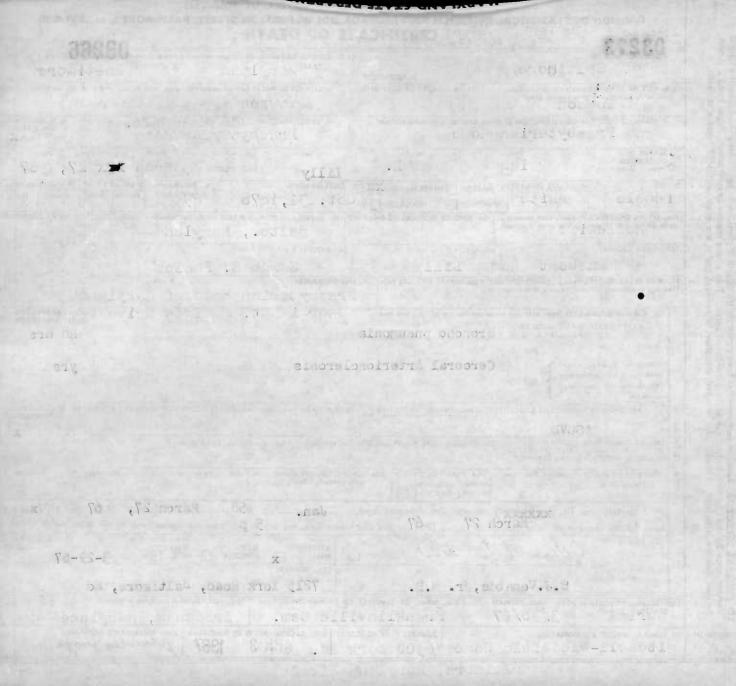
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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03272 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND BALTIMORE MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

FORT HOWARD c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) 3 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM2 VETERANS ADMINISTRATION HOSPITAL 819 S. HANOVER STREET NAME OF First Middle Last 4. DATE Month Doy Year DECEASED LESTER MARCH 26 19 67 BUDDIE (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IE UNDER 24 HRS. birthdoy) Months MARCH 20, 1889 Hours Min. NEGRO MALE WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY LAWRENCEVILLE, VIRGINIA LABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DERMIS LESTER DINAH 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give war or dotes af service) 212 01 90 62 CLINICAL RECORDS FORT HOWARD, MARYLAND YES 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
CERERAT. TH INTERVAL BETWEEN CEREBRAL THROMBOSIS, ACUTE ONSET AND DEATH IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove CEREBROVASCULAR ARTERIOSCLEROSIS MONTHS rise to immediate couse (a). DUE TO stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? ARTERIOSCLEROTIC HEART DISEASE NO X 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram MARCH 23 saw the deceased alive an MARCH 26 1967, and that death accurr 19 67 to MARCH 26 19 67, that (M (we) last , and that death accurred at 1254 M, fram causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 3/27/67 DIRECTOR 22c. PHYSICIAN'S GEORGE DUDAS, M. D. HOWARD, MARYLAND NAME (Type) 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) LAWRENCEVILLE, VIRGINIA March 28, 1967 JONES CEMETERY REMOVAL FUNERAL HOME 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 1967 AWRENCEVILLE, VIRGINI

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY o. STATE b. COUNTY Baltimore after MARYLAND Md. PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Pages b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town)
Rural—Randallstown c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest tawn) papers. reg Baltimore 21211 d. STREET ADDRESS e. IS RESIDENCE ON A FARM? .⊑ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) within 72 filled Chapel Hill Nursing Home 3801 Roland Ave NO T YES carbon Middle DATE 3. NAME OF Last Month First Doy Year and completely remove carbon DECEASED Lloyd and you any event, B. Loats March 19 67 (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS S SEX DATE OF BIRTH 9. AGE (In years 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Doys Haurs White WIDOWED DIVORCED 2/28/1892 10a, USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician a ien please COUNTRY? during most of working life, even if retired) **INDUSTRY** Manchester, Md. U.S.A Mechanic Auto Business 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remayal Horatio Loats Mary Baltozer attending parents. The 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 21207 (Yes, na, or unknown) (If yes give war ar dates of service) permit. 0 No Mrs. Evelyn Provenzano-7105 Manila Ave. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY Micombosis. IMMEDIATE CAUSE (a) þ atheroclerois DUE TO signed burial Conditions, if any, which gove (b) rise to immediate couse (o). DUE TO stating the underlying cause the haspital or attending as the priar ta last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY this certificate has PERFORMED? far use Health p NO F 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 200. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH detached for te Dept. af H (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Nat While OR ATTENDING at work DIRECTOR: After 19 ( ta March 13 196 / that (1) (we) las 21. I certify that (1) (this hospital) oftended the deceased fram. be retained saw the deceased alive an. March and that death occurred at M. fram causes and on the date stoted obove 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. DIRECTOR M.D. PHYS filed 22d. ADDRESS 22c. PHYSICIAN'S Rafael Perez-Mera NAME (Type) 7306 Liberty Rd. Balt., Md. 21207 director, shauld b 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) Druid Ridge 2 Pikesville MARCDIBY GEGIS BAG 24. FUNERAL DIRECTOR Loring Byers-8728 Liberty Rd. Randallstown. Md 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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PLACE OF DEATH     O. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if i	nstitution: Residence. COUNTY Bal	te before odmission)
b. CITY OR TOWN write RURAL of	(If outside corporate limits and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits, wri	ite RURAL ond give	neorest town)
	натеспотре		Ha1e	thorpe		0.3-1
d. NAME OF HOSP	ITAL OR INSTITUTION (If no	t in hospitol, give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
	1203 Oakland	l Terrace Road	1203 Oak	land Terrac	e Road	YES NO X
3. NAME OF DECEASED (Type or print)	BERTHA A		Lost	4. DATE OF DEATH Marc	Month	Doy Year 19 <b>67</b>
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In ye	ors   IF UNDER 1	
Female		WIDOWED DIVORCED	4-17-1880	lost birthd	yrs.	DOA2 LIONIZ WILL
	ON (Give kind of work done glife, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County 8	& State, or foreign country)		IZEN OF WHAT
Hou	sewife	Moorki	Mary1		U.	STRA?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
	liam A. Tueb		Mar	y C.		Terrace
S. WAS DECEASED EN	VER IN U.S. ARMED FORCES? ) (If yes give wor or dotes o	f convice)	. INFORMANT		Address	1
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	DEATH (Enter only one coun ATH WAS CAUSED BY: IMMEDIATE CAUSE	se per line for (o), (b), and (c).)  Cenevro - vascula.				ONSET AND DEATH
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unteral 1 and 2 **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campled by filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon pages.

MASEO 010 1130 elti cre 3.1.3 ogra dola. 20 20 013 1505 estima Torreco des A A marin , RIC IS, Fe cle dite 6467-47-4 1,0,6 อริ สาวลบว... 101 OLT .A 31711 , 0 - 22 3 . 037707 ers, coorer 2. trees left, 100 reliend Pr. Louis 1. ice 120 Dr. Paul Niroet Palic., 4. MIL., 2-1-1917 Louing Per Colours Colours ergles coraru I. In er , Nist Likens Ave. 21225

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE/Where deceased fived, If institution, Residence e. COUNTY b. COUNTY MARYLAND OR TOWN (If outside corporata limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 writa RURAL and give nearest town) papers. Pages n 72 hours aft e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NOT 00 completely 3. NAME OF DATE Month Day Yaar Middle DECEASED OF DEATH (Type or print) 19 within and con AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Hours DIVORCED physician USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY fing most of working life, even if retirad) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME UnKnown Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yas give war or datas of servica) INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per for (a), (b), and (c) ONSET AND DEATH has been signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which geve rise to immediate causa DUE TO (e), stating the underlying the WAS AUTOPSY certificate CERTIFICATION PERFORMED? 8 Q NO for use 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.1 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL 2De. PLACE OF INJURY (Homa, farm, (County) (State) 20f. (City or town) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED Month, Day, Year factory, street, office bldg., etc.; Not While Hour a.m at work at work CIOR: 21. I certify that (1) (this hospital) attended the deceased from Jan. 4 saw the deceased alive on Till 27 1961, and that death occurred at M, from the causes and on the date stated above 22b. DATE SIGNATURE STAFF SIGNED ATTENDING DIRECTOR PHYS. PHYS. FUNERAL 22d. ADDRESS director, be filed 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Grave Run Cemetery Hampstead. 0 Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) Tipton - Eline Funeral Home Hampstead. Md. 15M 7-62

RYLAND STATE DEPARTMENT OF HEALTH

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nin 24 hours after death. Page 4 the retained by the hospital or attending physician.

TO FUNERAL is CTOR. After this certificate has been signed by the attending physician and completely in by the director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4)

15M 7-62

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04446

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	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission a. STATE:
1	Baltimore MARYLAND	a. STA Maryland b. COUNTY
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
ı	write RURAL end give neerest town) Towson	Baltimore 30-4
П	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street agricess)	d. STREET ADDRESS   0. IS RESIDENCE
	Towson Conv. Home 301 West Chesapeak	
103	3. NAME OF First Middle DECEASED (Type or print)	Lest 4. DATE Month Day Yeer OF Mac Tollow DEATH March 9. 1067
	milus Charles	rac lettan
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS, last birthdey)   Months   Devs   Hours   Min.
3	Male White WIDOWED N DIVORCED	Feb. 14, 1881 86 yrs. Months Deys Hours Min.
		11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT COUNTRY
	Ad Manager B. & O. RR	Maryland U.S.A.
	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
-1	Arthur R. MacLellan	
8		Louisa J, Talbot
3	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes, no. or unkown)   (Ifyesgive wer or detes of service)	NFORMANT Address
9	No None M	r. Arthur MacLellan same address
н	18. CAUSE OF DEATH (Enter only one cause per line or (e), (b), and (c)	I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ac alure ONSET AND DEATH
	IMMEDIATE CAUSE (a) COLOR	ac failure
	H500 DUE TO	2 11 ho.
	Conditions, if eny, which \ (b)	WW SI
	geve rise to immediate ceuse	
3	(a), steting the underlying DUE TO	
		A STATE OF THE TRANSPORT OF THE TOTAL CONTRACT OF THE TOTAL CONTRA
,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
	\(\frac{1}{3}\)	YES NO
4		(Enter nature of injury in Pert I or Pert II of item 18.)
1		
4	6-14	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)  ory, street, office bldg., etc.)
П	Hour a.m.  While Not While tects  p.m. 19 at work et work	sry, street, office blugs, etc.)
	7	1/18 10/7 2/9 10/7 10/11
	21. I certify that (I) (this hospital) attended the deceased from	The state of the s
3	saw the deceased alive on	death occurred at M, from the Jauses and on the date stated above
П	22e. SIGNATURE	ATTENDING MED STAFF 22b. DATE SIGNED
	Taurence Tosh n.	NINE PRESTOR DIVE
	22c. PHYSICIANIS	22d. ADDRESS
9	NAME (TYPE)   ATIRKNEF ( TOS)	6805 West Kd
в	A MARCHITE C. 10	
	236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify)	R CREMATORY (23d, OCATION (City, town or county) (State)
	Burial 3/11/1967 Woodlawn Ce	emetery Dallymore 21712 /NA
7	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS / ADDRESS / ADDRESS /	25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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hours n by the s. Pog	Owings Mills	10 years		rsville	e. IS RESIDENCE
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within 24 hor ely filled in b bon popers.	Rosewood State no	Shrear			YES 🗶 NO
y fi	3. NAME OF First	Middle	Last	4. DATE Month	Doy Year
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mpl mpl	S. SEX 6. COLOR OR RACE 7. MARK	NEVER MARRIED	B. DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. anths Days Hours Min.
physician ond completely fen please remove carbon ovol, and in arty event, with	Female White WIDON	VED DIVORCED	11-13-10	last birthday) M 56 yrs.	anths Days Hours Min.
e e e		b. KIND OF BUSINESS OR		& State, ar fareign country)	12. CITIZEN OF WHAT
se dir	during most af warking life, even if retired)	INDUSTRY			COUNTRY?
ate icio on on	Dependent  13. FATHER'S NAME	none	14. MOTHER'S MAIDEN N	on Co., Md.	U.D.A.
tific Nolphys	13. FATRER 3 NAME				
cer The The	George Malatt (Dec.)		Effie Kath	nerine Kelly (De	(C.)
t din	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknawn) (If yes give war ar dates af service)	16. SOCIAL SECURITY NO. 17. I	INFORMANT	Address	
affendii affendii permit. ion, or re	no	none R	osewood Reco	ords, Owings Mil	ls, Maryland
that the death certificate be executed within 24 hours an.  by the attending physician and completely filled in by transit permit. Then please remaye carbon papers. Po cremation, or removal, and in any event, within 72 hours	1B. CAUSE OF DEATH (Enter anly ane couse per in		) 1	1	ONSET AND DEATH
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aw requires nding physici been signed the buriol- or to buriol,	last. (c)				
The law re ottending hos been se os the th prior to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	NG TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
AN: The ol or oth icate hor use for use Heolth F	20g. ACCIDENT WAS UNDERLYING  CON CONTRIBUTING CAUSE OF DEATH (I.E. EITHER DIATING PLANE)	-	vesicial of	71.	PERFORMED?
VSICIAN: ospital or certificate hed for unit of Healing.	20g. ACCIDENT WAS UNDERLYING \( \square\)	b. DESCRIBE HOW INJURY OCCURRED.		Part Lor Part II of item 18)	A THE L
	OR CONTRIBUTING CAUSE OF DEATH	D. DESCRIBE HOW INDOKT OCCURRED.	(ciner nature or injury in t	rdir i or roll il of sept 10.)	
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he he he this detoc	= 200. (11112 01 11130101 111011111, 001)		CE OF INJURY (Home, farm tory, street, office bldg., etc.)		(County) (State)
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may be retoined RAL DIRECTOR: A Page 3 should be filed with the	lichard la o	M.	D. PHYS.	DIRECTOR PHYS.	14 Mars
AL DO	22c. PHYSICIAN'S NAME (Type)	r	22d. ADDRESS	1 <1./	1/
ERA ERA I be	MAINTE (1990) Lichard A	lones	105	rmood state	M924
TO HOSPITAL OR ATTEN Poge 4 may be retoined TO FUNERAL DIRECTOR: director, poge 3 should should be filed with the	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Town)	(County) (State)
Pog Giga	12 (16/67) 3/16/67	Rosewoo	d	Owings Mi	115 Md
(XX)	24. FUNERAL DIRECTOR	ADDRESS	2So. REC'E		TRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03281 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a. COUNTY b. COUNTY BALTIMORE MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparote limits, write RURAL and give nearest town) FORT HOWARD 1 DAY BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? filled VETERANS ADMINISTRATION HOSPITAL 345 S. FURROW STREET NO X YES NAME OF Pan M First Middle 4. DATE Manth Year completely DECEASED JESSE MARTIN MARCH 19 67 (Type or print) DEATH ever S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Hours MALE WHITE WIDOWED DIVORCED AUGUST 30, 1886 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? MINERAL COUNTY. W. VA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN B. MARTIN MARTHA VA HOSPITAL WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes no or unknown) (If yes give war or dates of service) 220 07 65 92 CLINICAL RECORDS FORT HOWARD, MARYLAND INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) cremat ONSEJAND DEATH PART I. DEATH WAS CAUSED BY: BRONCHOGENIC CARCINOMA OF LEFT LUNG IMMEDIATE CAUSE (a) **MXX** Conditions, if any, which gave LAENNEC'S CIRRHOSIS UNKNOWN rise to immediate cause (a), DUE TO stating the underlying cause 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X NO certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER' 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or tawn) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur o.m. factory, street, office bldg., etc.) Not While at wark 21. I certify that (1) (this hospital) attended the deceased fram MACRH 1, 19 67, to MARCH 1, 19 67, that (1) (we) lass saw the deceased glive an MARCH 1, 19 67, and that death occurred of 1120 m, from causes and an the date stated above be retained O FUNERAL DIRECTOR: 220. SIGNATURE 22b. DATE SIGNED STAFF PHYS. 3/2/67 X M.D. DIRECTOR directar, page shauld be filed 22c. PHYSICIAN'S 22d ADDRESS NAME (Type) PETER V. JUVAN, M. D. VAH FT HOWARD, MARYLAND 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (State) LOUDEN PARK NATIONAL BATTIMORE, MARYLAND **ADDRESS** 24) FUNERAL DIRECTOR 25a. REC'D BY RECISTRAD JOSEPH N. ZANNINO FUNERAL HOME 257 S. CONKLING ST. BALTIMORE, AD.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03282 HPALTA DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND delay State Department b. CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hours Cockevsville Towson d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? form NO x Pages 601 Cranbrook Road YES St. Joseph Hospital be executed within 24 hours after deoth. NAME OF Middle 4 DATE Lost Month Doy Year DECEASED in Item 18. Give Samuel Ralph (Type or print) Mason DEATH March guo IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Male White WIDOWED DIVORCED 72 hours ofter deoth July 17, 1904 62 yrs. te certificate, writing the word "pending" in pencil in Item 1 should be forwarded to the Chief Medical Exominer's Office 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** COUNTRY? Western Md. R.R. Coal Traffic Mamager Baltimore, Maryland
14. MOTHER'S MAIDEN NAME II.S.A 13. FATHER'S NAME pencil Mary Rau Charles Edward Mason 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address (Yes, na, or unknown) ((If yes give wor or dotes af service) within 705-10-5081 Mrs. Jennie S. Mason 601 Cranbrook Rd 21030 WWII Yes 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: event IMMEDIATE CAUSE (o) This certificate should the certificate, writing the word DUF TO in any Canditians, if any, which gave rise to immediate couse (a), DUE TO stoting the underlying couse ond 0.5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? or removal. 20o. EXTERNAL CAUSE WAS 20b, DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING MEDICAL EXAMINER: CAUSE OF DEATH cremation, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or tawn) (Caunty) (Stote) 20c. TIME OF INJURY Month, Doy, Year factory, street, office bldg., etc.) yaur Hour o.m. Nat While of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection C. Inquiry , and in my opinion FUNERAL DIRECTOR: Suicide Natural causes Accident , Hamicide Undetermined manner death resulted fram: be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER NAME (Type) CHARLES O'DONNELL, M.D. F. moy Heo!th Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION 0 Cremation Baltimore, Maryland 3/14/67 Green Mount Crematory ADDRESS REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A 15ME (5) Wm. Cook-Brooks Towson 1050 York Rodd 21204 6M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03283CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE Maryland b. COUNTY Baltimore after MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) hours 3vr3mth26dys Catonsville Baltimore Filled i papers. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1802 Morrell Park Avenue STATE HOSP ITAL SPRING GROVE NO YES within completely carbon 3. NAME OF M First DATE Month Middle Last Day DECEASED 67 Matalis 13 (Type or print) DEATH March 19 event, Victoria Frances 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS emove 7. MARRIED NEVER MARRIED last birthday) Months | Days and Dec. 24, 1888 WIDOWED female white DIVORCED TO 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT = 11. BIRTHPLACE (County & State, or foreign country) physician ease COUNTRY? Lithuania seamstrees Challien 2 100 death certificate d 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova untinon 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. Address (Yes, no, or unkown) (If yes give war or dates of service) HOSPITAL STATE 215-01-5393 Records: SPRING GROVE the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the al-transit ONSET AND DEATH p PART I. DEATH WAS CAUSED BY: Acute cardiac failure attending physician. IMMEDIATE CAUSE (a) signed burial-t DUE TO Bilateral pneumonia Conditions, If any, which been gave rise to immediate the DUE TO cause (a), stating the underlying cause last. as (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY for use Health PERFORMED? certificate NO A Chronic brain syndrome associated with senile brain dis. YES the hospital 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached for 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) be de State I factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work Nov. March 19 67 that (f) (we) last P 21. I certify that ( (this hospital) attended the deceased from DIRECTOR: age 3 should lied with the March and that death occurred at saw the deceased alive on. M. from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED OR be TO FUNERAL DIRE director, page 3 should be filed v ATTENDING 3-14-67 DIRECTOR HOSPITAL PHYSICIAN'S 22d. ADDRESS SPRING GROVE STATE NAME (Type) Felipe. M.D. Baltimore, Maryland 21228 NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23b. DATE THEREOF 23a. REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR ADDRESS direR VR A.15 (4) 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 03284 I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY o. STATE Md. b. COUNTY delay is and 3 ta M3. Page of o death. Balto. Balto. MARYLAND Deportment b. CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) and P.M.3. write RURAL and give nearest town)
Randallstown ofter D. O. A. Baltimore 7 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? form Within 72 hours 5414 Gwynndale Ave. Stote Balto. Co. General Hospital Give Poges YES NO THE after deoth. 3 NAME OF Middle 4. DATE Month Day Year DECEASED Arthur B. Maton 14 Mar. 19 67 (Type or print) DEATH S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Item 18. 76 birthday) 0 Months Male White Nov. 1. 1890 hours WIDOWED DIVORCED event and 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) City Water Dept. U.S.A. any Maryland = Examiner's pages in any pencil 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME be executed within John G. Maton Elizabeth Dorsey Fie puo 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address rd "pending" in Chief Medical E Balto. 7, Md. permit. ar removal. (Yes, na. grunknown) (If yes give war ar dates of service) 217-12-0593 Mrs. Glenda Maton, 5414 Gwynndale Ave., 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH Coronary Artery Disease IMMEDIATE CAUSE (o) _ yr used as a buriol-tro burial, cremotion, a This certificate should writing the ward DUE TO Canditians, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying couse should be forworded PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? the certificate. YES 🗌 NO X 9 pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) ogent, prior 3 should PRIMARY ☐ or CONTRIBUTING ☐ AL EXAMINER: CAUSE OF DEATH. none 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Haur a.m. factory, street, affice blda., etc.) Nat While may be retained for your FUNERAL DIRECTOR: Page none 19 at wark at wark designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection x. Inquiry x and in my apinion death resulted fram: Natural causes X. Accident Suicide . Undetermined manner Hamicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Caples, M. D. 6 Hanover Rdess (SiRe is tar stown, Md. 3-14-67 NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) 50 Burial (Specify) Western Baltimone 24. FUNERAL DIRECTOR Stansbury 6411 Windsor Mill Rd VR A15ME (5

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03286 03278 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death ompletely filled in by the funerol ve carban papers. Pages I and sevent, within 72 hours affer-death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a COUNTY a. STALL b. COUNTY MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest tawn) d/NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? 00 NO F YES NAME OF Middle DATE Day Year DECEASED (Type or print) DEATH 19 physician and complete chen please remove control of the control of the chentral of the chentr SEX 9. AGE (In years IF UNDER I YEAR 6. COLOR OR RACE MARRIED IF UNDER 24 HRS NEVER MARRIED last_birthday) Manths Days Haurs WIDOWED DIVORCED Ina. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT during mast of working life, even if retired? **INDUSTRY** 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar removo 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service burial, cremotion, 18. CAUSE OF DEATH (Enter only one cause per ine for (o), (b), PART I. DEATH WAS CAUSED BY: signed by the buriol-tronsit p INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) by the hospitol or attending physicion. DUE TO Canditians, if any, which gave (b) rise ta immediate cause (a), DUE TO stoting the underlying couse hos been be detoched for use as the State Dept. of Health prior to ATTENDING PHYSICIAN: The law last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) NO this certificote 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Manth, Dov. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (Stote) (County) Hour a.m. foctory, street, affice bldg., etc.) Not While at wark L at wark TO FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram. 1966 to many . 19 6 that (1) (we) last be retained filed with the saw the deceased olive on march 3 1967, and that death accurred at A M, from causes and an the date stated abave. 22b. DATE SIGNED 3-25-67 22a. SIGNATURE DIRECTOR M.D. director, poge should be filed 6402 Golden Ring Road 22c. PHYSICIAN'S J. Lyden, M.D. Robert NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23c. (County) (State) REMOVAL (Specify) ADDRESS 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Milane 1961

MARYIAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03279 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. COUNTY Baltimore o. STATE b. COUNTY Baltimore physician and completely filled in by the fur-MARYLAND b. CITY OR TOWN (If outside corporate limits, write RUPAL and pive concest topy). c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) / 2.1 5 yrs. 2516 Lawnside Rd, Timonium, Md. 21093 e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 2516 Lawnside Rd. YES NO# 2516 Lawnside Rd 4. DATE 3. NAME OF Middle Lost Year DECEASED Thomas J. McMahon 3,26,67 (Type or print) DEATH ony event, IF UNDER 1 YEAR I IF UNDER 24 HRS. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH birthdoy) Hours July 5.1919 M Cauc. DIVORCED WIDOWED 1). BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during reost of working life, every seized n Electricustry New York, N.Y. 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Thomas J. McMahon Mary Delanev IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 2556 Lawnside Rd. (Yes, no runknown) (If yes give wor or dotes of service) 131 07 0243 Catherine M. McMahon. Timonium, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), gnd (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), DUE TO stating the underlying couse this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO W 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 2Dc. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While ot work TO FUNERAL DIRECTOR: After , 1967, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 3/ 19 67, and that death accurred at 1 554. M, from causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22o. SIGNATURE **ATTENDING** MED. DIRECTOR M.D. 22d. ADDRESS Towson 4 del 22c. PHYSICIAN'S director, po should be f NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE THEREOF (County) REMOVAL (Specify) Burial Cockeysville, Md. 3/29/67 Dulaney Valley Cemetery 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Wm. Cook-Brooks Towson 1050 York Rd. 21204

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH deoth PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY BALTIMORE a. STATE MARYLAND b. COUNTY MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside carparate limits. CLENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town) popers. Pag write RURAL and give nearest tawn) 51 DAYS BALTTMORE FORT HOWARD = d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL 4700 Haldane Road YES NO X NAME OF First Middle carbon Lost DATE Manth Day Year completely. DECEASED KENNETH A. MITCHELL MARCH 67 (Type ar print) DEATH 19 IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months 2/23/94 WIDOWED DIVORCED MALE WHITE puo 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during mast af working life, even if retired) INDUSTRY COUNTRY? U.S.A. CABINET MAKER WOOD TIJINOTS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME en (oonrod LAURA (KOONARD) WILLIAM A. MITCHELL 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give war ar dates at service) 10 214 03 72 12 CLIN. RECORDS. VA HOSPITAL. FT HOWARD, MD. cremation, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY OTD & RECE EXTENSIVE MYOCARDIAL INFARCTION IMMEDIATE CAUSE (a) py DMESTO buriol PULMONARY EDEMA RECENT Canditians, if any, which gave rise ta immediate cause (a), DUE TO stoting the underlying cause os the prior to l be retoined by the hospitol or offending last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) BENIGN PROSTATIC HYPERTROPHY YES X NO certificote 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour a.m. Not While foctory, street, office bldg., etc.) at wark at wark 21. I certify that *() (this hospital) attended the deceased from 1/14/67 to 3/6/67 19___, that (we) lost 19 and that death occurred of 7:00PM, from couses and on the date stated above. sow the deceased olive on___ FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 3/7/67 M.D. DIRECTOR filed 22d. ADDRESS 22c. PHYSICIAN'S HOWARD C. KRAMER, M. D. NAME (Type) VAH FORT HOWARD, MARYLAND director, should be 23d. LOCATION (City or Town) BURIAL CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (State) REMOVAL (Specify) MORELAND MEMORIAL CEMETERY BALTIMORE, MARYLAND ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 RUCK FUNERAL HOME 5305 HARFORD ROAD, BATTIMORE, MD.

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NOVEMBER OF COURSE AND STORE

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03291 death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY a. STATE COUNTY MARYLAND 24 haurs after campletely filled in by the f CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 1h c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) on papers. Pag Within 72 haurs d. STREET ADDRESS INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? NO D within NAME OF Middle DATE Day Year DECEASED event, (Type ar print) 19 6 DEATH please remave car requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. COLOR OR RACE MARRIED DATE OF BIRTH NEVER MARRIED last birthday) Manths Days Haurs and in any DIVDRCED WIDOWED the attending physician and isit permit. Then please rem 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast af warking life, even if retired) **INDUSTRY** 13. FATHER'S NAME MOTHER'S MAIDEN NAM ar remaval, INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na. ar unknown) (If yes give war ar dates of service) crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line, for (a), (b), and (c).) signed by the burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Quinoles a IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO burial, Canditians, if any, which gave (b) rise ta immediate cause (a), r this certificate has been si detached far use as the b te Dept. af Health priar ta b DUE TO stating the underlying cause last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [ ] CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, farm, (City ar tawn) 20c. TIME OF INJURY Manth, Day, Year 20f. (Caunty) (State) Haur a.m. factory, street, affice bldg., etc.) Not While at wark L at wark O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram , 19___, that (I) (we) last 3 shauld 1 with the S 1967, and that death accurred at YDP M, fram causes and an the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR S director, page 3 shauld be filed v M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23d. LOCATION (City ar Tawn) BURIAL, CREMATION DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) 23b. (Caunty) REMOVAL (Specify) ORE DMAR 2 2 196 **ADDRESS** 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH and and death PLACE OF DEATH a. COUNTY. 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) b. COUNTY a. STATE after ALTIMOR MARYLANO more b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by write RURAL and give nearest town) hours WSON .= d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS 72 e. IS RESIDENCE ON A FARM? within 7 YES within etely completely we carbon 3. NAME OF OATE Month Oay Year DECEASED event, 3 (Type or print) NET NTGOMERL DEATH 1967 5. SEX 6. COLOR OR RACE AGE (In years | IF UNOER 1 YEAR | IF UNOER 24 HRS 7. MARRIEO **NEVER MARRIEO** last birthday) and in any Months I and Oavs Hours WIOOWEO **OIVORGEO** 10a USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR ician 11 BIRTHPLACE (County & State, of foreign country) 12 CITIZEN OF WHAT ease during most of working life, even if retired) INOUSTRY COUNTRY? LEGISTERED physic RITA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM attending ph ermit. Then remova TCOM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attent permit. 6 (Yes, no, or unkown) (If yes give war or dates of service) cremation, rs.J.C.Campbell(sister0 608 been signed by the the burial-transit in or to burial, cremat 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **OUE TO** Conditions, If any, which gave rise to Immediate **OUE TO** cause (a), stating prior underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health certificate PERFORMEO? NO I YES PHYSICIAN: this cerum detached fr 20a. ACCIDENT WAS UNDERLYING IT OESCRIBE HOW INJURY OCCURREO. (Enter nature of Injury In Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER) be detached State Dept. 20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) After to could be the second the factory, street, office bldg., etc.) Hour a.m. While Not While ATTENDING at work at work 21. I certify that (I) (this hospital attended the deceased from OIRECTOR: age 3 should led with the that (I) (we) last and that death occurred 42 M. from the causes and on the date stated above. saw the deceased alive on. SIGNATURE 22a. ATTENOING PHYS. **OIR ECTOR** PHYS. HOSPITAL FUNERAL TO FUNERAL director, p PMYSICIAN'S NAME (Type) 22d. AOORESS BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) Cremation Mar-6-67 GreenMount Baltimore-21202 24. FUNERAL DIRECTOR AOORESS 25a. REC'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) & Mowen Co. 108-W-North-Av-21201 20M 1/65

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 ENAME OF DECEASED CERTIFICATE OF DEATH 24 haurs after death 2. DATE AND HOUR OF DEATH 4. USUAL RESIDENCE (Where deceased lived. institution; residence before admission Name of deceased: B. COUNTY LEONARD MOROZ. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR MOITHTIZM C. CITY papers. .⊑ BALTIMORE within Thompson Blvd. give location carbon campletely our 5. SEX 7. MARRIED NEVER MARRIED 6. RACE 9. AGE (In year If Under 1 Yr. If Under 24 Hrs. Months Doys Hours WIDOWED, DIVORCED (specify) eet birthdoy) Child 6 E 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHELACE (State or foreign country) pup 12. CITIZEN OF cdone during most of working life, even if retired) WHAT COUNTRY? certificate be 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ph attending permit. The M. Was Deceased Ever in U. S. Armed Forces 16. SOCIAL SECURITY NO. ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) BOVE 18. -transit CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH þ DISEASE OR CONDITION DIRECTLY physician. LEADING TO DEATH signed burial-tr (This daes not mean the mode of dying, e.g., DUF T heart foilure, osthenia, etc. II means the disease, attending as the injury ar complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the the haspital ar certificate UNDERLYING CONDITION lost to Dant of detached OF INJURY Not While While (APPROX.) At Work Work FEBRUAU 2319 6 February 19 (27 to 22. I certify that (1) (this hospital) attended the deceased from ... and that in (my) (our) opinion death accurred on the date that (1) (we) last saw the deceased alive on FCD Way should DIRECTOR: and hour and from the couses stoted obove. (1) (We) (did) (did not) view the body after death. 23 B. DATE SIGNED 23A. SIGNATUR 0 Staff M.D. Attending [ Med. Phys. Director 23D. ADDRESS 23C. PHYSICIAN'S director, (Stote) 24A. BURIAL CREMATION, town, or 24C. NAME of CEMETERY of CREMATORY 24D. LOCATI 24B. DATE REMOVAL (Specify) BURIAL ADDRESS 25C. FUNERAL DIRECTOR 25A. DATE MAR 25M 1/67 300 MACE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death ond 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the attending physician ond completely filled in by the funeral sit permit. Then please remove corbon papers. Pages I and PLACE OF DEATH Baltimore a. COUNTY a. STATE Maryland b. COUNTY MARYLAND hin 72 hours after c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) Baltimore 21206 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 4740 Shramrock Avenue St. Joseph Hospital NO [ Middle 3. NAME OF 4. DATE Last Manth Day Year DECEASED Margaret Mary Morris March 19 67 (Type or print) DEATH 1 YEAR IF UNDER 24 HRS. S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthday) Manths Days Haurs Whi te Female 1-13-20 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Baltimore, Md. Own Home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Katherine Walters Leonard E. Loewer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address buriol-tronsit permit. burial, cremation, or re (Yes, na, ar unknawn) (If yes give war ar dates of service) William Morris, husband, above 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma, metastatic of lung and brain signed by Page 4 may be retained by the hospital or attending physician. secondary to carcinoma of breast. Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause os the prior to O FUNERAL DIRECTOR: After this certificate has been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO X YES 20 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Hour a.m. Not While factory, street, affice bldg., etc.) 19 at wark at wark pe 21. I certify that (this hospital) ottended the deceased from March 12, 19 67, to March 29, 1967, that (we) last saw the deceased alive on March 29, 1967, and that death accurred at 5:00 AM, from causes and an the date stated above. should 22b. DATE SIGNED 220. SIGNATURE ATTENDING PHYS. STAFF PHYS. March 29,1967 M.D. DIRECTOR 7620 York Rd., Towson, Md. 21204 22c. PHYSICIAN'S Jaime Ambrad, M.D. NAME (Type) director, should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF 23a. BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Baltimore, Md. 3/31/67 Balto. Nat. Cem. 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 25 Chimunek Funeral Home, Inc. Williamelan 20 M 1/66 Brehms Lane

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03287 03295 CERTIFICATE OF DEATH I in by the funeral ners. Pages I and 2 72 haurs after death. be executed within 24 haurs after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission o. COUNTY b. COUNTY o. STATE Baltimore Maryland MARYLAND Calvert c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest tawn) ve carban papers. Pagevent, within 72 haurs, North Beach Owings Mills d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS filled Box 38 Rosewood State Hospital YES NO 3 NAME OF remove carban First Middle Last 4. DATE Month Day Year DECEASED OF MOZINGO Barbara Joan March 3 1967 (Type or print DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF LINDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours 12-16-64 and in any White Female WIDOWED DIVORCED 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT during most af warking life, even if retired) physician o COUNTRY? U.S.A. certificate Dependent Anne Arundel Co., Md. none 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, Ronald Edward Mozingo Delores Joan Tucker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT requires that the death Address permit. (Yes, na, ar unknawn) (If yes give war ar dates af service) Rosewood Records, Owings Mills, Maryland no none CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (0) DOOD ITO TOTY OF TOE AT be retained by the haspital ar attending physician. **DUE TO** Conditions, if any, which gave rise ta immediate cause (a). DUE TO stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the tion once mon ATTENDING PHYSICIAN: The law WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health Science montal reta YES 🗍 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) Hour o.m. Nat While factory, street, affice bldg., etc.) 19 at wark 21. I certify that (1) (this hospital) attended the deceased from 6-9, 1966, to 3-3, 1967, that (1) (vie) last saw the deceased alive an 3-3 1967, and that death occurred an 100 M, from couses and an the date stated abave. directar, page 3 shauld shauld be filed with the 220. SIGNATURE 22b DATE SIGNED **ATTENDING** STAFF W. Dhedon 3-3-67 M.D. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Mar. 5,1967 iardens Dunkirk 250. REC'D BY REGISTRAR 2Sb. F Southern Memorial Gardens Calvert Md 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Owings, Maryland uneral

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tems 18-21 Film 387 4-5 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03296 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03288 HEADA DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o. STATE Maryland b. COUNTY Harford Baltimore MARYLAND delay ond 3 Stote Department c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Fort Howard Forest Hills d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? with farm 1400 Bowles Terrace Fort Howard Hospital 24 havrs after death. It in Item 18. Give Pages YES NO X First Middle 4. DATE NAME OF Lost Month Doy Year DECEASED MULLIN PAUL 19 19 67 March A. DEATH (Type or print) Office along IF UNDER 24 HRS. IF UNDER 1 YEAR 8. DATE OF BIRTH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours 4/3/1934 White Male WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? 72 hours after Sr. Engineer
13. FATHER'S NAME East Lansdowne. Pa. Chief Medical Examiner's Martin Co. 14 MOTHER'S MAIDEN NAME pencil be executed within Evalyn Craft Joseph P. Mullin
WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16 SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service pending within (Same) 209-26-0342 Mrs. Anne E. Mullin Yes Korean INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).) ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY. any event Bronchopneumonia IMMEDIATE CAUSE (o) certificate shauld e, writing the word forwarded ta the Ch DUE TO Conditions, if ony, which gove Cerebral contusions and subdural hemorrhage rise to immediate couse (o), DUE TO stoting the underlying couse lost. OS WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) removal, YES X NO execute the certificate, 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld shauld 0 PRIMARY XX or CONTRIBUTING Driver in auto-truck collision CAUSE OF DEATH. crematian, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. foctory, street, office bldg., etc.) Hour o.m. Not While may be retained for your FUNERAL DIRECTOR: Page [30] 19 67 Baltimore Md ot work Street 12:03 8-19 of work 21. I certify that I took charge of the remains described above, held on Autopsy 3. Inspection Inquiry , and in my opinion Natural causes Suicide , death resulted fram: Accident X Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Health priar 3/20/67 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Charles S. Petty Address (Street, city, town, or county) NAME (Type) 23d. LOCATION (City or Town) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) 23o. BURIAL, CREMATION, 50 Burial (Specify) /22/1967 Baltimore . National Baltimore 2So. REC'D BY REGISTRAR & Sons Co.4905 York Rd. 24. FUNERAL DIRECTOR .W.Jenkins 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67 Balto.12. Md.

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## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03297 FOR STATE HEALTH-DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence o. COUNTY o. STATE b. COUNTY Page 3 10 Baltimore Maryland Baltimore MARYLAND delay b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) and M33 State Departm Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? with farm St. Joseph's Hospital 412 Hillen Rd. YES NO K Give Pages 24 haurs after death. 3 NAME OF Middle 4. DATE Last Doy Year DECEASED FRANK RICHARD MURPHY (Type or print) DEATH 10 19 67 S. SEX B. DATE OF BIRTH IF UNDER 1 YEAR 6. COLOR OR RACE AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months Days Hours in Item 18. 8/4/91 Male White WIDOWED DIVORCED ie certificate, writing the ward "pending" in pencil in Item 1 should be farwarded ta the Chief Medical Examiner's Office within 72 hours after dea File pages I and 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? U.S.A. during most of working life, even if retired) INDUSTRY Virginia Brakeman Railroad 13. FATHER'S NAME pencil 14. MOTHER'S MAIDEN NAME be executed within Carrie P. Fish Phillip A. Murphy 17 INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO permit. (Yes, na, ar unknawn) (If yes give war ar dates af service) 213-12-6307A Donald R. Murphy-412 Hillen Rd. 1B. CAUSE OF DEATH (Enter only one cause per line INTERVAL BETWEEN ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY event IMMEDIATE CAUSE This certificate shauld DUE TO any Canditions, if any, which gave rise to immediate cause (a), 2 DUE TO stating the underlying cause 0 writing t and 25 SD last. nsed remayal, WAS AUTOPS' PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? CERTIFICATION execute the certificate, NO pe 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) 3 shauld PRIMARY C or CONTRIBUTING 0 CAUSE OF DEATH files. cremation, MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d INIURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or tawn) (County) Hour a.m. factory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page at work at wark 21. I certify that I took charge of the remains described above, held an Autopsy [ Inspection Inquiry ond in my opinion funeral directar. death resulted fram: Naturol causes Accident Suicide Hamicide Undetermined manner may be retained please CHIEF MEDICAL EXAMINER ACTUAL 22 DATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER prior DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) O'DONNETT. 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) 0 REMOVAL (Specify)
Entombment Lorraine Park Mausoleum 3/13/67 Baltimore, Maryland 24 FUNERAL DIRECTOR Altenburg 6009 Harford Rd. VR A15ME (5) 6M 1/67 Funeral Home, Inc.

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after death.	1.	PLACE OF DEATH a. COUNTY BALTIMORF MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Res b. COUNTY MARYLAND MARYLAND MARYLAND	sidence before admission
ours Pagnours		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  BALTIMORE  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  BALTIMORE	30.4
filled napers n 72 n 72	G. 3.	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS  REATER BALTIMORE MEDICAL CENTER 3333 QWYNNS Falls Parking  NAME OF First Middle Last 14. DATE Month	e. IS RESIDENC DN A FARM? YES NO X
rted within completely ve carbon event, with	5.	DECEASED (Type or print)  SEX    6. CDLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IF UNDER I	19 67 YEAR IF UNDER 24 HR
e be executed siclan and come serve (enove (enove in any eve	10a dur	DIVORCED 1-15-1900 6 7 yrs.  DIVORCED 1-15-1900 6 7 yrs.  DIVORCED 11. BIRTHPLACE (County & State, or foreign country) 12. CIT	Days Hours Min. TIZEN OF WHAT UNTRY?
certificate be ediding physician a Then please recember of the please recember of the please of the	13.	FATHER'S NAME  NATHAN NAVIASKY  LA MOTHER'S MAIDEN NAME  HILLMAN, JENNIE	LSA
e death certific: the attending pl t permit. Then ation, or remova	(Ye	WAS DECEASED EVER IN U. S. ARMED FDRCES? 16. SDCIAL SECURITYND. 17. INFORMALL Address s, no, or unkown) (If yes give war or dates of service) 219-12-8974	Highart
t the de an. I by the ansit pe crematio		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) METAS TATIC CARCINOMA	INTERVAL BETWEEN DNSET AND DEATH
PHYSICIAN: The law requires that the death certificate be executed within the hospital or attending physician.  this certificate has been signed by the attending physician and completely detached for use as the burial-transit permit. Then please remove carbon be Dept. of Health prior to burial, cremation, or removal, and in any event, with		Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  (b) CARCINOMA OF LUNC  DUE TO  (c)	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
PHYSICIAN: the hospital r this certifi detached fo		20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING   CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm,   20f. (City or town) (Coun	
NG by fiter be be Stat	MEDICAL	Hour a.m. p.m.  19 While Not While at work   21. I certify that (I) (this hospital) attended the deceased from 12-15-, 1967, to 3-9-, 1967	
OR ATTEN be retained DIRECTOR: ge 3 shoul		saw the deceased alive on 3 - 4 - 1967, and that death occurred at 6.55M, from the causes and on the	e date stated above TE SIGNED
HOSPITAL age 4 may FUNERAL rector, pa ould be fil		22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS  4. REATER BALTO, MEDICAL	CENTER
Pag To Day Sho	23a	Bureal 3/10/67 Beth Toloh Cing Ballo, mo	1
VR AI5 (4)	6	Tol Jermen - Brostne Mil 1 3 1967 goverles	Judge

*; 12-15-67 3-7-6 Peren K. Christon (New York Street on the Principle of Street

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. It institution: Residence before admission). a. COUNTY b. COUNTY Maryland Baltimore MARYI AND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENCTH DF STAY IN 1b 28vr5mthlhdys Baltimore Catonsville d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address) | d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1110Washington Blvd. HOSPITAL SPRING GROVE STATE NO D executed within NAME OF First Middle Last 4. DATE Month Day Year DECEASED Noone 19 67 Marv Josephine 31 (Type or print) DEATH March 5. SEX 6. COLDR DR RACE | 7. MARRIED | NEVER MARRIED | 3 ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. DATE DE BIRTH last birthday) | Months | Davs July WIDDWED [ DIVORCED female white 9 10a. USUAL DCCUPATION (Cive kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT INDUSTRY CDUNTRY? Maryland houswwork Home death certificate 0 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending ph ermit. Then remova Sarah Callahan John Noone 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) | (If yes pive war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 219-54-3258T SPRING STATE HOSPITAL Records: GROVE the 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO Arteriosclerotic heart disease Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. as PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY for use Health PERFORMED? Mental deficiency, moderate, with psychotic reaction YES NO X 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HDW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) tached 20c. TIME OF INJURY Month, Day, Year 20d. INJURY DCCURRED 2De. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State) Hour a.m. While Not While at work at work 21. I certify that (this hospital) attended the deceased from Oct. 17 19 38, to March 31, 19 67, that (1) twee last saw the deceased alive on March 31 1967 , and that death occurred at 35_{M.} from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE pe MEO. DIRECTOR STAFF PHYS. page 3-31-67 M.D. 4 may TO HOSPITAL 22d. ADDRESS SPRING PHYSICIAN'S GROVE STATE director, p should be HOSPITAL Felipe, NAME (Type) Baltimore, Maryland 21228 23co NAME OF CEMETERY OR OREMATORY YDCATIDN (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMDVAL (Specify) 2 ADDRESS 25a. REC'D BY REGISTRAR FUNERAL DIRECTOR 25b, REGISTRAR'S SIGNATURE 196 A15 (1)

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death and 1. PLACE OF DEATH the attending physicion and completely filled in by the funeral sit permit. Then please it mayse corban papers. Pages I and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY timore eyent, within 72 hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write RURAL and give neorest frawn) write RURAL and give nearest tawn) ters tou d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 90 NO K NAME OF Middle Last DATE Manth Day Year DECEASED (Type or print) DEATH 19 S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE NEVER MARRIED DATE OF BIRTH lost birthday) Months Days Hours WIDOWED and in any DIVORCED 10o. USUAL OCCUPATION (Give kind af work done KIND OF BUSINESS OR 10b. 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME buriol, cremotion, or removal, 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war or dates of service Hem 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN signed by the burial-tronsit p PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (a) physicion. 442X DUE TO Conditions, if ony, which gave (b) rise ta immediate couse (o) DUE TO stating the underlying cause Page 4 may be retained by the hospitol or ottending has been director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to ERTENSION last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. Nat While factory, street, affice bldg., etc.) 19 ot wark ot work 21. I certify that (I) (this haspital) attended the deceased fram 19____, that (I) (we) last , ta and that death accurred at 7. YJ & M. fram causes and an the date stated above. saw the deceased alive an. 22a. SIBNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) DATE THEREOF NAME OF CEMETERY OR CREMATORY 23g. BURIAL CREMATION 23b. 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) 5 REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 20 M 1/66

y delay

This certificate should be executed within 24 haurs after death. If

pending" in pencil in Item 18. Give Pages

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Department af Health priar to burial, crematian, or remaval, and in any event within 72 haurs after death.

the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm

necessary, please execute the certificate, writing the ward

TO DEPUTY MEDICAL EXAMINER:

02204

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EVAMINED'S CEDTICICATE OF DEATH

COCCO

09901		MLD	ICAL EXAMINE	V 2	CERTIFICATE	OF DEATH	U34	33	
1. PLACE OF DEATI						(Where deceased lived, if	institution: Residen		issian)
a. COUNTY BALTIM	ORE		MARYLAN	ND	o. STATE Marylar	nd	b. COUNTY Baltim	ore	
		s,	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If	autside carparate limits, w			1)
Write RURAL Baltim	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest 1gwg) Baltimore 21227				Baltimo			12-1	
	PITAL OR INSTITUTION (If no		give street address)	-	d. STREET ADDRESS	710		e. IS R	ESIDENCE
5707 F	irst Avenue				5707 Fi	rst Avenue	21227	YES T	A FARM?
3. NAME OF		rst	Middle		Last	4. DATE	Manth	Day	Year
(Type or print)	RICH		JOHN		NORRIS	OF DEATH	3	,	19 67
S. SEX	6. COLOR OR RACE	7. MARRIED		X 8	B. DATE OF BIRTH	9. AGE (In y	9	1 YEAR   IF UN	IDER 24 HRS.
Male	White	WIDOWED	DIVORCED [	7	8-8-1946	last birth	day) Months	Days Hau	ırs Min.
	ION (Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (Stat			TIZEN OF WHA	ī
	ing life, even if retired)		IDUSTRY			ore, Marylan		U.S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIDEN			O,D,A	,
	James A. N	orric				ence D. Gil	linghan		
1S. WAS DECEASED I			SOCIAL SECURITY NO.	17.	NFORMANT		Address		-
(Yes, no, ar unknaw	EVER IN U.S. ARMED FORCES? n) (If yes give war or dates o	of service)	218-42-6678			Norris, 570		A 3 2 0	1227
T 10 CAUSE OF	DEATH (Enter only one cau			LIL	· James A.	HOLLIS, 5/	J/ TIISL	INTERVAL	
	EATH WAS CAUSED BY:			Mara	oomditi.			ONSET AN	
112	22 IMMEDIATE CAUSE			муо	carditis				
Conditions if a	DUE								
rise to immed	iate cause (a),	(b)		-					
stating the un	derlying cause								
	SIGNIFICANT CONDITIONS C	(c)	TO DEATH BUT NOT BELATE	D TO T	THE TERMINAL DISEASE CO	CAUDITION CIVEN IN DART	1/-1	19. WAS A	VZQOTILA
PAKI II. UIHEK	SIGNIFICANT CONDITIONS C	UNIKIBUTING	TO DEATH BUT NOT KELATE	ו טו ט	HE TERMINAL DISEASE C	UNDITION GIVEN IN PART	1(a)	PERFC	ORMED?
20g. EXTERNAL PRIMARY Gr.	CALLET WAS	1 001 07	CODING HOW IN HIRDY OCCU	DDED 4	(F-A	Death a Death of S	10.)	YES X	NO L
PRIMARY ar	CONTRIBUTING	20b. DE	ESCRIBE HOW INJURY OCCU	KKED. (	triter nature at injury ii	n rart I or rart II of item	18.)		
		1.001.0	MILIDY OCCUPATO	- Pi to	T OF HUMBY (II	206 (6'4	16	la de ma	(54-4-1
20c. TIME OF I		20d. II While			E OF INJURY (Home, far ary, street, office bldg., et		iwii) (Co	unty)	(State)
7	p.m. 19	at war	k L at wark L						
	tify that I taak charg						Inquiry,	and in n	ny opinio
death res	ulted from: Nature	al causes X	, Accident ,	Suici	ide 🔲, Homicid		ned manner [	113	
ACTUAL	000	l/	1/		CHIEF MEDICA			22 04	ATE CICAPA
SIGNATURE _	Ocussell	100	mer	do l	m.v.	EDICAL EXAMINER .			ATE SIGNED
EXAMINER'S	DIIGONA					CAL EXAMINER		3-15	-67
	RUSSELL S.		23c. NAME OF CEMETER	V CD		et, city, tawn, ar county)	u os Town	(County)	(Septe)
23a. BURIAL, CREMA REMOVAL (Soe BURIA)	rifu)						'	(County)	(State)
24. FUNERAL DIREC		196/	Loudon Par	K C		Baltimo:	re, Mary		
	H. Hubbard.	4107 1		2	1229 MAF		25b DEGISTRAR'S	o Judg	C
noward	n. Huppard.	41U/ V	wilkens ave.	_ 4	エムイン DMIT	I A I NOU!	11	11 0	

MAR 2 1

Howard H. Hubbard, 4107 Wilkens Ave.

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH tem #8 Film #G386 3/20 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town) Bridgeport huxton d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1811 Roland Avenue Stout Street YES NO completely 3. NAME OF 4. DATE Lest 72 DECEASED Maude M. (Typa or print) Nu 211m DEATH March 19 67 and cor withi 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yeers | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. 1871 last birthday) Months Female WIDOWED Y DIVORCED Jan 21. ever AOa. USUAL OCCUPATION (Give kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if ratired) West Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harlow Marv 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT 1811 Aroland Ave. (Yes, no, or unkown) | (Ifyesgive werordetas of service Ruxton, Maryland Mrs. George Bowles 18. CAUSE OF DEATH [Enter only one cause per line for a), (b), end (c). INTERVAL BATWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 4500 DUE TO Conditions, if any, which geve rise to immediate ceuse DUE TO (a), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO Z 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, (Stete) Month, Dey, Yeer 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work p.m 1967, to march 15, 1967, that CIO this hospital) attended the deceased from 15. saw the deceased alive on MANA 220 AIGNATURE 22b. DATE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF FREMATORY REMOVAL (Specify) Removal Bendeum Cemeterv 0 Bridgeport. W. Va. REC'D BY REGISTRAR 256. 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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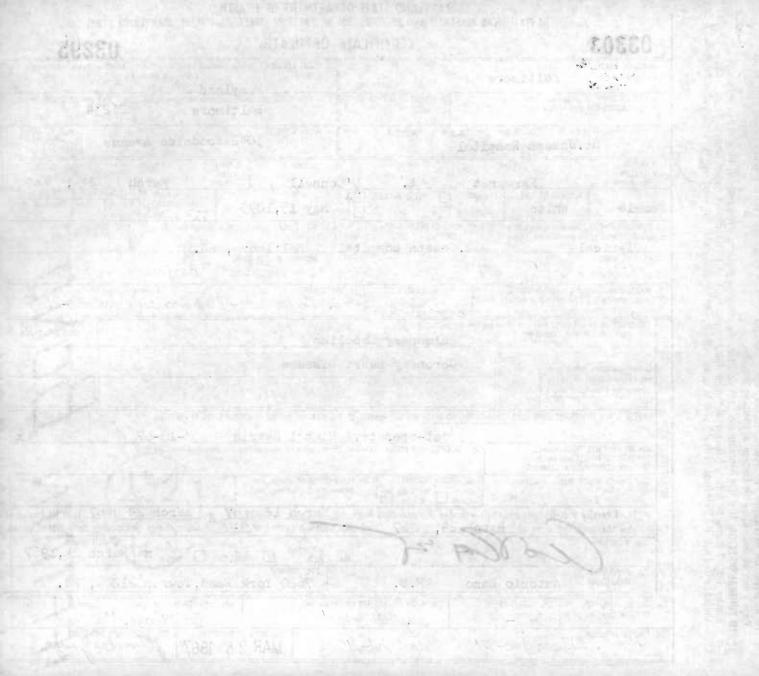
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

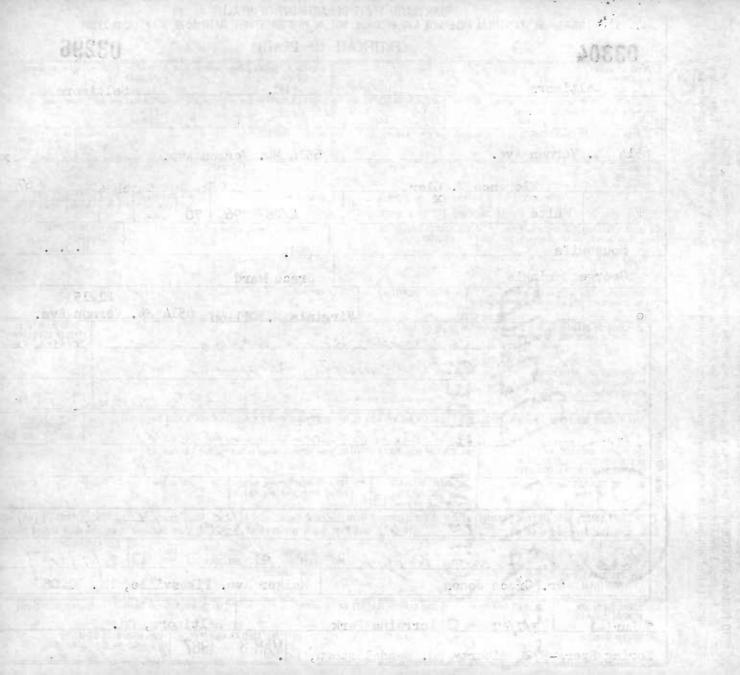
0330	3	CERTIFICA	ATE OF DEATH		03295
I. PLACE OF DEATI o. COUNTY	Baltimore	MARYLANI	o. STATE	b.	nstitution: Residence before admission). COUNTY
	(If outside corporate limits, and give nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	itside corporote limits, wri	te RURAL and give nearest town)
	St. Joseph Hos	n hospital, give street oddress)	d. STREET ADDRESS	)42 Woodside	e Avenue   e. IS RESIDENC ON A FARM YES   NO
3. NAME OF DECEASED (Type or print)	First Margar	Middle	lost O'Connell	4. DATE OF DEATH	Month Doy Year farch 24 1967
S. SEX Female		. MARRIED NEVER MARRIED WIDOWED DIVORCED	X 8. DATE OF BIRTH May 15,189	9. AGE (In year lost birthdo	ors   IF UNDER 1 YEAR   IF UNDER 24
during most of worki		10b. KIND OF BUSINESS OR INDUSTRY  St. Joseph Hospi	tal Baltimo	& Stote, or foreign country)  re Md	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Willi	am J. O'Conne			aret Thornto	
(Yes, no, or unknown	VER IN U.S. ARMED FORCES?  (If yes give war or dates of se	16. SOCIAL SECURITY NO. 2/4-20-2047	17. INFORMANT Mrs. Irene Du		Address Iside Avenue-21234
1B. CAUSE OF PART J. D	DEATH (Enter only one couse EATH WAS CAUSED BY: IMMEDIATE CAUSE (ο)	per line for (o), (b), and (c).)	holiem		INTERVAL BETWEE ONSET AND DEAT
Conditions, if or ise to immediatoring the unlost.	DUE TO ny, which gove ote couse (o),	Coronary Hear	rt Disease		
PART II. OTHER	SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED			PERFORMED?
OR CONTRIBUTI	VAS UNDERLYING ☐ NG ☐ CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	ve Hiatal Herr RED. (Enter noture of injury in		
20c. TIME OF I	NJURY Month, Doy, Yeor o.m. p.m. 19	While of work of work	PLACE OF INJURY (Home, form foctory, street, office bldg., etc.		
saw the	deceased alive an Ma	al) attended the deceased frag	m <u>March 12</u> , that death accurred at	967 ga rarc	ch 24, 1967, that (I) (we uses and an the date stated a
22c. PHYSICIA	1000	MZ	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF PHYS.	22b. DATE SIGNED March 24,1967
NAME (Ty			7620 You		son 21204, Md.
230. BURIAL, CREMA REMOVAL (Spec			eter's (emeter		more of ryland
24. FUNERAL DIREC	TOR Millen Inc-	ALIS Belain Road-	21206 250. REC'	9 8 1967	Sb. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director nane 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2

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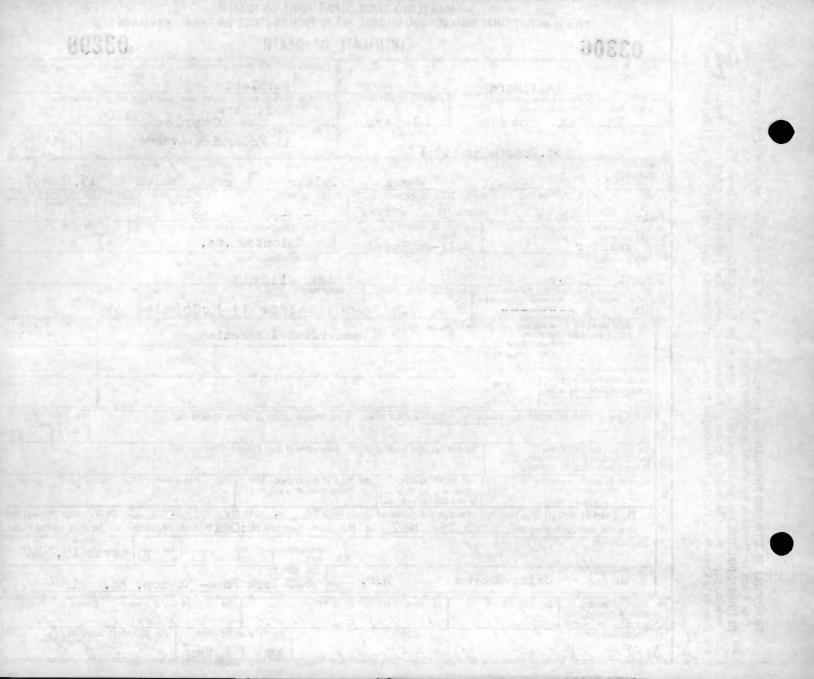


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03305 requires that the deoth certificate be executed within 24 hours after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY filled in by the fun popers. Poges 1 MARYLAND b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon popers. within 72 ho d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION e. IS RESIDENCE ON A FARM? (If not in hospital, give street address) YES NO F NAME OF Middle DATE First Lost Month carbon Doy Year DECEASED OF DEATH (Type or prig 19 S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED Jast birthdoy) Months Hours WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & 12. CITIZEN OF WHAT during most of working life, even if retired) eose and physicion 13. FATHER'S 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no. or unknown) (If yes give wor or dotes of service) cremation, CAUSE OF DEATH (Enter only one couse per line for (o), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (o) signed by DUF TO Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse the this certificate hos been lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO YES 10 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Yeor Hour o.m. foctory, street, office bldg., etc.) Not While ot work O FUNERAL DIRECTOR: After ot work be retained by 21. I certify that (I) (this hospital) attended the deceased from . 19 1, that (I) (we) last plnous 7, and that death accurred of 6 1. M, from couses and on the date stoted above. saw the deceased alive on. 220. SIGNATURE ATTENDING M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) director, plnods 23o. BURIAL, CREMATION DATE THEREOJ NAME OF GEMETERY OR CREMATORY 23d. LOCATION, (City or Jown) (County) REMOVAL (Specify) REC'D BY REGISTRAR 24_EUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03306 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland MARYLAND signed by the attending physician and campletely filled in by the fiburial-transit permit. Then please remave carbon papers. Pages burial, crematian, ar remaval, and in any event, within 72 haurs afte b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) Baltimore 27 206 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 10 days Overles d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 11 McCormick Avenue St. Joseph Hospital YES NO X ATTENDING PHYSICIAN: The law requires that the death certificate be executed within NAME OF 4. DATE Last Month Doy Year DECEASED 19 67 15 Palmer March (Type or print) James DEATH Russell B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X **NEVER MARRIED** 68 yrs. Manths Days Hours WIDOWED 9-29-98 Male Whi te 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Painter INDUSTRY COUNTRY? Uniontown, Md. Self-employed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frank Palmer Ada Willett 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknawn) (If yes give war ar dates of service) AAnna Palmer 11 McCormick Ave 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN Myocardial Infarction ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the haspital ar attending physician DUE TO Conditions, if any, which gave rise to immediate cause (a). r this certificate has been si detached far use as the b ite Dept. of Health priar ta b DUE TO stating the underlying cause lost. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO IC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote) Hour a.m factory, street, affice bldg., etc.) at wark at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram March 4, , 1967, to March 15, 1967, that (I) (we) last saw the deceased alive an March 15 1967, and that death accurred a 2:00 A M, from causes and an the date stated above 22b. DATE SIGNED 22a. SIGNATURE March 15,1967 M.D. DIRECTOR PHYS. ADDRESS 22c. PHYSICIAN'S Jaime Ambrad M.D. NAME (Type) 7620 York Road- Towson. Md. 21204 director, should be 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (State) 4400 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 196



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY STATE b. COUNTY MARYI AND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Page c. LENGTH OF STAY IN 1b c. CITY OR FOWN (If outside corporate limits, write RURAL and give nearest town) by Tow Son 6 Weeks

ad. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 6 weeks papers. filled 8. IS RESIDENCE within 72 ON A FARM? NO V YES within etely carbon NAME OF First DATE Last DECEASED (Type or print) DEATH 19 6 7 executed and con remove n any eve SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. birthday) Months Days Hours WIDOWED DIVORCED 0 Ors. 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT Sap pe during most of working life, even if retired) INDUSTRY COUNTRYZ ease and physic certificate FATHER'S NAME removal, tending philit. Then WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address the attent t permit. 0 (Yes, no, or unkown) (If yes give war or dates of service) Arker, Owing cremation, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH p PART I. DEATH WAS CAUSED BY: been signed the burial-transor to burial, cre IMMEDIATE CAUSE (a). DUE TO ascifei, some merrow depresen Conditions, If any, which earcinome over (b) gave rise to immediate DUE TO cause (a), stating the prior Carcinoma DUZUS underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. use for use Health CATI PERFORMED? certificate YES T NO T PHYSICIAN: this cer-letached fo 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part i or Part ii of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While at work 19 at work p.m. 21. I certify that (I) (this hospital) attended the deceased from Fel 19 67. to March 22, 1967, that (1) (we) last DIRECTOR: saw the deceased alive on March 22th 1967, and that death occurred at 10 42th, from the causes and on the date stated above. 3 showith 22a. SIGNATURE 22b. DATE SIGNED page filed ATTENDING DIRECTOR PHYS. M.D. HOSPITAL TO FUNERAL director, p. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Dora C Kuw Isky Greater Baltimore Medical Center BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 25b. REGISTRAR'S SIGNAL FUNERAL DIRECTOR REC'D BY REGISTRAR I VR AI5 (4) 20M

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived_if institution: Residence before admission) a. COUNTY b COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, C. LENGTH DE STAY IN 16 autoide corporate limits, write RURAL and give nearest tawn) write RURAL and give negrest town wson d. NAME OF HOSPITAL e. IS RESIDENCE DN A FARM? INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS NO C NAME OF First Middle DATE Year DECEASED OF DEATH TARR (Type or print) 19 DATE OF BIRTH AGE (In years IF UNDER 1 YFAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost birthdoy) Months Days Hours WIDOWED DIVORCED Success 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTR' COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME BE 17. INFORMANT 16. SOCIAL SECURITY ND Address (Yes, no, or unknown) (If yes give war or dates of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), INTERVAL BETWEE PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TD stoting the underlying couse last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) NO YES 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e, PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City_or town) 20c. TIME OF INJURY Month, Dov. Year (County) (Stote) Hour o.m. factory, street, office bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an and that death accurred at 3 M, fram causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. PHYS.

22c. PHYSICIAN'S

NAME (Type) 23o. BURIAL, CREMATION. 23b. DATE THEREOF

3-24-1967

23c. NAME OF CEMETERY OR CREMATORY Lorraine Park Cemetery 23d. LOCATION (City or Town)

24. FUNERAL DIRECTOR

Howard H. Hubbard, 4107 Wilkens Ave.

Baltimore, Maryland

TO FUNERAL DIRECTOR: After

10880 Dullange Car Properties Car Properties Toward toward tender 309 Elakama week Toy Mistana Week. a la land la 12 ch march Law ready on Chile , Siling Chapter of the a profes dances. Mart Jacher 705 201 Same to find the second Mades J. Lies X 2 Local Stranger (Co)

Division of STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S HEALTHOOPPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Page Baltimore b. COUNTY P Bultimore files MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside aproparte limits, write RURAL and give neerest town) director. write RURAL and give nearest town) rural Baltimore runal Baltimore 21 S d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS Po . IS RESIDENCE ON A FARM? Westway South A. Westway South retained YES NO S 3. NAME OF Middle 4. DATE Month Dey Yeer DECEASED OF (Type or print) DEATH 19 OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthdey) Months remale. WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign sountry) 12. CITIZEN OF WHAT COUNTRY PM3. Page done during most of working life, even if retired) Pages 1, 11. S. A. Domestic pages 13. FATHER'S NAME harles Bohs 15. WAS DECEASED EVER IN'U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. I 17 INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordatesofservice) in Item 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN Office along or removal burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e DUE TO cremation, gove rise to Immediate cause DUE TO as (a), steting the underlying Medical Examiner cause lest. be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO plnods 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Pert I or Part II of item 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. prior MEDICAL Page 20c. TIME OF INJURY Month, Dev. Yeer 2Dd. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) Not While While to the et work | et work certificate, DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection \ Inquiry and in my opinion forwarded Undetermined manner death resulted from: Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER should be for ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DEPUT 5 NAME (Type) please 4 shoul O FUN Health Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or aounty) REMOVAL (Specify) 23. FUNERAL DIRECTOR 24b. REGISTRAR'S SIGNATURE John A. Moran Inc. VR AISME ( 5M 1/63

AND STATE DEPARTMENT OF HEALTH

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**10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after deoth.

Poge 4 moy be retained by the hospital or attending physicion.

VR A15 (4) 20 M 1/66

**TO FUNERAL DIRECTOR:** After this cerificate hos been signed by the attending physicion ond completely filled in by the funeral director, page 3 should be detoched far use as the buriol-tronsit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, ond in any event, within 72 hours after death.

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0	3311			CERTI	FICATI	OF DEATH		<b>U33U</b>	13
	CE OF DEATH OUNTY Baltimor	е		MAF	RYLAND	2. USUAL RESIDENCE (V O. STATE Maryland	Where deceased lived, if institu b. COU		before admission)
٧	ITY OR TOWN (If outside write RURAL and give reached)  Towson	eorest town)		c. LENGTH OF STAY	IN 1b	Baltimor	tside corporate limits, write RI	JRAL and give	03-1
d. N	St. Jose	NSTITUTION (If not ph Hospi		ve street address)		d. STREET ADDRESS  5 West C	hesley Avenue		e. IS RESIDENCE ON A FARM? YES NO
DEC	ME OF EASED be or print)	Firs		Middle G		Phelps	4. DATE Moroh	1th	Doy Year 4, 1967
5. SEX Fer		lor or race	7. MARRIED [ WIDOWED 2	NEVER MARRII		8. DATE OF BIRTH pril 1, 1890	9. AGE (In years last birthday) 76 yrs.		YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USI during r	UAL OCCUPATION (Give most of warking life, eye HOUS EWII	rind of work dane n if retired) e		D OF BUSINESS OR USTRY House	wife		& State, or foreign country) re, Maryland	12. CITIZ COUI	VEN OF WHAT VIRY? U.S.A.
13. FA	THER'S NAME John	F. Kohll	nafer			14. MOTHER'S MAIDEN N	Annie Kahl		
15. W/ (Yes, no	AS DECEASED EVER IN U.S o, ar unknawn) (If yes	ARMED FORCES?	service) 16. St	OCIAL SECURITY NO. 20-14-332	2.6	informant s Carrie Ta	yman 7522 Ken		enue 36
Co ris sto los	nditions, if any, which e to immediate caussiting the underlying of the underlying o	CAUSED BY:  MMEDIATE CAUSE (c  DUE T  gave (t e (a), couse (c)	Act	ute gener	gastı				INTERVAL BETWEEN ONSET AND DEATH
CATION	ART II. OTHER SIGNIFICA	NT CONDITIONS CO					IDITION GIVEN IN PART 1(0)	-23	19. WAS AUTOPSY PERFORMED? YES X NO
S OF	IO. ACCIDENT WAS UNDER R CONTRIBUTING □ CAU FEITHER, NOTIFY MEDICA	SE OF DEATH	20b. DES	CRIBE HOW INJURY	OCCURRED.	(Enter noture of injury in I	Part I or Port II of item 18.)		
MEDICA 02	c. TIME OF INJURY Mo Haur a.m. p.m.	onth, Day, Year 19	20d. INJ While at work	Not While at work		CE OF INJURY (Hame, farm tory, street, affice bldg., etc.)		(Coun	ty) (State)
	saw the decease		ital) attend larch	ed the deceased	fram. <u>#</u> and the	ebruary 21,1 t death accurred at	967 , to March 4 8:40aM, from couses	and an the	e date stated above.
	2c. PHYSICIAN'S NAME (Type) La	wrence F	Misar	nik, a, M	_	D. ATTENDING PHYS. 22d. ADDRESS 7620 You	MED. STAFF DIRECTOR PHYS. E		h 4, 1967
R	URIAL, CREMATION, EMOVAL (Specify) Burial	23b. DATE THER		23c. NAME OF CEA		CREMATORY	Baltimore,	own) (	County) (State) Md.
	UNERAL DIRECTOR			ADDRESS	,	36 25 MEG	8 REGISTRAS 67 2567	ESISTRAR'S SIG	NATURE

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MARYLAND STATE DEPARTMENT OF HEALTH

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_1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND								
- m0	03313 CERTIFICA	ATE OF DEATH 03305							
shouls after should	1. PLACE OF DEATH a. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence bafore admission)  a. STATE  Maryland  b. COUNTY  Baltimore							
in by the s 1 and ther dead free dead	b. CITY OR TOWN (if outside corporata limits, write RURAL and give nearest town) Owings Mills 7 years	Owings Mills							
Page ours at 0 0	d. NAME OF HOSPITAL OR INSTITUTION (if not In hospitel, give street address)  15 Milgate Road	d. STREET ADDRESS  15 Milgate Road  • IS RESIDENCE ON A FARM?  YES \[ \] NO \[ \]							
mpletel papers in 72 h	3. NAME OF First Middle DECEASED (Type or print) EDNA MAE	POE DEATH March 18, 1967							
b d co	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.							
n an a car	Female White widowed Divorced	June 27, 1929   37 yrs.							
bysicial remove	done during most of working life, even if retired) Housewife	Owings Mills, Maryland U.S.A.							
age programme in a ring pr	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
de de la	Charles Edward Whitcomb  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17	Grace Beck							
The atte	(Vet as as unbount)   ((fives six supposed at a of semiles)	. INFORMANT Owings c.G.Marvin Poe, 15 Milgate Rd., Mills, M							
vsician.	PART I. DEATH WAS CAUSED 89:  IMMEDIATE CAUSE (e)	- astric INTERVAL BETWEEN ONSET AND DEATH							
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PHYSI the hos this cert for us lith prio	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter neture of injury in Pert I or Pert II of item 18.)							
TOING by ined by Affer detached		PLACE OF INJURY (Home, farm. 20f. (City or town) (County) (Stata) lectory, street, office bldg., etc.)							
ATTER be reta ECTOR und be		at death occurred at 121.P.M., from the causes and on the date stated above.							
AL ECGE 3 should he state	22e. SIGNATURE & McWilliams  22c. PHYSICIAN'S	M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 3 - 21-6  22b. DATE SIGNED 22d. ADDRESS							
Pag NER.	NAME (Type) C.E. McWilliams, M.D.	Reisterstown, Md.							
O HOSPIN death. Pag O FUNER be filed wi	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)  Episcopal Cem., Owings Mills, Md.							
VR A15 (4)	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	ills, Md MAR 23 1967							

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11		PARTMENT OF HEALTH S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
MANS L	03315 CERTIFICAT	
after death. the funeral ges 1 and 2 after death	1. PLACE OF OEATH a. COUNTY BAITMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY BA 176
	b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)
5 E 0	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET AOORESS 6. IS RESIDENCE
7 filled i papers.	1505 KENT Ave.	1505 KenT Ave. ON A FARM?
completely fill	3. NAME OF First Middle OECEASEO (Type or print) MAR / M.	PRUITT 4. DATE Month Day Year OF DEATH 3 26 1967
executed wing and comple seremove carbin any event,	F WIDDWED DIVDRCED	8. OATE OF BIRTH  July 1, 1909  9. AGE (In years IFUNOER 1 YEAR IFUNOER 24 HRS. Months Days Hours Min. 7 yrs.
icate be ex physician and in please re wal, and in	1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  SCAMS TRESS	11. BIRTHPLACE (County & State or foreign country) 12. CITIZEN OF WHAT COUNTRY?  MAY JAN 6
certificat Iding phy Then p removal,	John W. FRCY	14. MOTHER'S MAIOEN NAME MARGIARC T COllins
eath cert attendin ermit. Th	(Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address Illiam H. PRUITT 1505 KENT AVE.
The law requires that the death certificate be executed within or attending physician. Cate has been signed by the attending physician and completely r use as the burial-transit permit. Then please remove earbon realth prior to burial, cremation, or removal, and in any event, with	18. CAUSE DF OEATH [Enter only one cause per line 1972], (b), and (c).1 PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	2/ Inferction Interval Between Dise and Death
PHYSICIAN: The law requires that the hospital or attending physician, this certificate has been signed be detached for use as the burial-trane Dept. of Health prior to burial, cre	Conditions, if any, which gave rise to immediate	Mills the s Adult Severs 104 ears.
law requittending has been as the tprior to l	cause (a), stating the DUE TD underlying cause last.	1 Hyprofension 10 years.
I: The la al or ath ificate h for use Health r	PARTII. DTHER SIGNIFICANT CONOITIONS CONTRIBUTING TO GEATH BUT NOT REL  2Da. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCC  DR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	ATED TO THE TIRMINAL OISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEO? YES NO 2
PHYSICIAN: The the hospital or a this certificate detached for use Dept. of Health	ZDa. ACCIDENT WAS UNDERLYING ZDb. DESCRIBE HOW INJURY OCC DR CONTRIBUTING ZAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of injury in Part I or Part II of item 18.)
	20c. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 2De. PL Hour a.m. While Not While at work at work at work	ACE DF INJURY (Home, farm, 20f. (City or town) (County) (State) ory, street, office bidg, etc.)
ENDIN ined l ined l ined l the S the S	21. I certify that (I) (this hospital) attended the deceased from	19 to 3/10/, 49 that (I) (we) last
L OR ATTENDING y be retained by JOIRECTOR: After age 3 should be lied with the Stat	22a. SIGNATURE	at death occurred M. from the causes and on the date stated above.  D. ATTENDING MED. DIRECTOR STAFF OIRECTOR PHYS.
1 2 2	22c. PHYSICIAN'S NAME (Type) WE MCGYeth M	D. PHYS. OIRECTOR PHYS. D. 22d. ADDRESS - Vereck Rd Catasvilk
TO HOSPITAL Page 4 may TO FUNERAL director, pa		RY DR CREMATORY 23d. LOCATION (City, town or county) (State)
m = m	24. FUNERAL DIRECTOR  ADDRESS	pherd Howard Co Mdi  25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03316 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) physician and completely filled in by the funeral 1. PLACE OF DEATH o. COUNTY Raltimore o. STATE b. COUNTY timore MARYLAND requires that the death certificate be executed within 24 haurs after b. CITY OR TOWN (If autside carparate limits c. LENGTH OF STAY IN 1b (If autside carparate limits, write RURAL and give negrest tawn) write RMRAL and give nearest tawn) remave carban papers. Pag n ampevent, within 72 haurs Baltimore Kural Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 6210 Haddon Ave. 6210 Haddon Ave. YES NO IX NAME OF Middle 4. DATE Last Manth Year DECEASED 28. 19 67 10 orge March (Type ar print) DEATH in amprevent, AGE (In years IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE DATE OF BIRTH IF UNDER 1 YEAR NEVER MARRIED last birthdoy) Months Davs Hours WIDOWED DIVORCED male 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Ret. (mplouse timore. 13 FATHER'S NAME Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no or unknown) (If yes give wor or dates af service) 12100371A atherine A. same 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUF TO stoting the underlying couse this certificate has been as the last. WAS AUTOPS) PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO far 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (Caunty) (State) Hour a.m. foctory, street, affice bldg., etc.) Nat While While at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram Gorch 19 66, to 2 & may, 196 that (1) (we) last saw the deceased alive an 28 mas, 19 C 7 and that death accurred at 1130M, from causes and an the date stated above. 220. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S Rds The Greater Bal NAME (Type) 21204 directar, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) (State) New Cathedral Cemetery REMOVAL (Specify) Baltimore, Md. 25b. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Ruck Inc Baltimore.

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	Service States (1) and Service of the Service of th		NOV SERVICE
			Village Co.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #2b,c & d Film #GRATE OF DEATH 03309 requires that the death certificate be executed within 24 haurs after deoth. funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE Md b. CDUNTY Baltimore MARYLAND How. the b. CITY DR TDWN (If autside carparate limits, c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town)
Catonsville ely filled in by th ban popers. Pag within 72 haurs Mattonswille/ Ellicott City d. STREET ADDRESS 210, Stayman d. NAME OF HDSPITAL DR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE DN A FARM? Tusting Av House in the Pines-Catonsville YES NO 3. NAME OF First Middle DATE Year completely DECEASED Estelle B. Rackensperger OF March (Type ar print) 19 DEATH S. SEX 6. CDLOR OR RACE 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS **NEVER MARRIED** last birthday) Months Haurs Cauc. WIDOWED DIVORCED June 4. 1887 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS DR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife INDUSTRY COUNTRY? physician en please and Virginia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removal, Thomas Fletcher Unk. attending paramit. The Wrs. Frank C. McShane 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY ND (Yes, na, ar unknawn) (If yes give war or dates of service) burial, cremotion, or Stayman Dr - Ellicott City-Md. 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN al-transit PART I. DEATH WAS CAUSED BY DNSET AND DEATH signed by burial-trans IMMEDIATE CAUSE (a) DUF TO Canditions, if any, which gave rise to immediate couse (o), DUE TD stating the underlying cause peen os the priar ta OR ATTENDING PHYSICIAN: The law hos PART II. OTHER SIGNIFICANT CONDITIONS (DATRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE (DADITION GIVEN IN PART 1(0) WAS AUTDPSY PERFORMED? use this certificote for 20g. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY DCCURRED 20e. PLACE DF INJURY (Home, farm, (City or town) (Stote) (Caunty) Haur a.m. While factory, street, office bldg., etc.) Nat While at work After 1 at wark 21. I certify that (1) (this hospital) attended the deceased fram Man. 20 1960, to man 1, TO FUNERAL DIRECTOR: 1967, and that death accurred at6/55M, fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL 4116 Edmondson Av. NAME (Type) Knipp. director, p 23b. DATE THEREOF 23c. NAME DF CEMETERY DR CREMATDRY 23a. BURIAL, CREMATIDN, 23d. LDCATIDN (City ar Town) (County) (State) REMOVAL (Specify)
Burial Baltimore, Md Western Cemeterv 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Witzke F.D. - 4101 Edmondson Ave. DAMAR 6

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. RESTON STREET, BALTIMORE, MARYLAND 21201 03311 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STAFE 1. PLACE OF OEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Page 0 Baltimore MARYLAND Maryland Anne Arundel delay the State Department b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) and write RURAL and give nearest tawn) Towson NXXXXXXXXXX Glen Burnie d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) St. Joseph's Hospital d. STREET ADORESS IS RESIDENCE farm ON A FARM? 111 Elm Ave. YES NO 18. Give Page along with f 24 haurs after death. NAME OF 4 DATE Day Year DECEASED OF 19 67 (Type ar print) 16 Charles Rains DEATH Lee 7. MARRIEO IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE NEVER MARRIED B. OATE OF BIRTH 9. AGE (In years last birthdov) Manths Oays Hours WIOOWEO DIVORCEO 56 yrs. lice 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? INOUSTRY after .L 13. FATHER'S NAME Baltimore. Md. Chief Medical Examiner's Construction LISA File pages executed within. pencil 14. MOTHER'S MAIOEN NAME Allen Mary Kouba Rains = 17. INFORMANT 1007ddRosedale Ave. IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, ar unknown) (If yes give war or dates af service pending" within 7-24-6896 Mr. Lee Rains (son) Glen Burnie, Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (of (b), and (c).) burial-transit PART I. OEATH WAS CAUSED BY ONSET AND DEATH any event IMMEDIATE CAUSE (a) shauld writing the ward DUE TO the Canditions, if any, which gave rise to immediate cause (a). p 2 OUE TO stating the underlying cause 0 farwarded ond lost. WAS AUTOPSY remaval, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) PERFORMEO? certificate, NO pe 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I ar Part II of item 1B.) 3 should shauld PRIMARY ar CONTRIBUTING cremation, ar CAUSE OF OEATH 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (State) 20c. TIME OF INJURY Month, Oay, Year (County) Hour o.m. factory, street, affice bldg., etc.) Nat While at wark of work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry | and in my apinion may be refained for FUNERAL DIRECTOR: Suicide death resulted fram: Natural causes Accident Undetermined manner Hamicide funeral directar CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior OEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 n. TO FUN. Health NAME (Type) CHARLES Address (Street, city, tawn, ar caunty) 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. REMOVAL (Specify) Taylor Ave. Balto., March 20/67 Moreland Memorial Pk. 250 REC'D BY REGISTRAR 24. FUNERAL DILECTOR VR A 15ME (5 DANIMIK 6M 1/67 Home Glen Burnie. Md. Sinoleton Funeral

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24. FUNERAL DIRECTOR **ADDRESS** Wm. Cook-Brooks Towson, Towson, Md. 21204

23b. DATE THEREOF

3,6,57

REMOXAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

Dulaney Valley

Cockeysville, Baltimore, Md

23d. LOCATION (City or Town)

(County)

NO

NO

(Stote)

Year

19 67

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23c. NAME OF CEMETERY OR CREMATORY

RAINE

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. IS RESIDENCE ON A FARM?

Hours

INTERVAL BETWEEN ONSET AND DEATH

3 mos

19. WAS AUTOPSY PERFORMED?

, 19_67, that (I) (we) las

March 17.1967

(County)

(County)

22b. DATE SIGNED

23d. LOCATION (City or Town)

NO

(Stote)

Day

12. CITIZEN OF WHAT

COUNTRY?

Months

NO

03321 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY 49 MARYLAND papers. Pages thin 72 haurs afte b. CITY OR TOWN (If outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY_OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) d_STREET ADDRESS __ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 10 3. NAME OF DATE First Lost Month DECEASED Type or print DEATH 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED **NEVER MARRIED** lost birthdoy) WIDOWED DIVORCED ond in any rem 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of warking life, even if retired) INDUSTRY 40USEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, 1s. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT 16. SOCIAL SECTIFITY NO. permit. (Yes, no, or unknown) (If yes give wor or dotes of service RS ELSIE DOVE cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic Heart Disease Poge 4 may be retoined by the hospital or oftending physician. DUF TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse with the Stote Dept. of Heolth prior to TO FUNERAL DIRECTOR: After this certificate hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20o. ACCIDENT WAS UNDERLYING 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year (City or town) Hour o.m. foctory, street, office bldg., etc.) Not While _, 19 62 to March 21. I certify that (I) (this chospitals attended the deceased from_ March sow the deceosed alive on Feb. 21 19 67, and that death occurred at6:45AM, from causes and an the date stated above 220. SIGNATURE ATTENDING STAFF directar, page 3 should be filed v DIRECTOR 22d. ADDRESS 22c. PHYSICIAN Mallow Hill Ave. . NAME (Type Gaver, M.D. Leo J. Baltimore, Md.

VR A15 (4) 20 M 1/66

23o. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

REMOVAL (Specify)

23b. DATE THEREOF

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF BEATH

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requires that the death certificate be executed within 24 hours ofter death g physician. 9 physician. 9 signed by the ottending physician and completely filled in by the funeral	Pages 1 and		j	PLACE OF DEATH L. COUNTY Baltimore				RYLAND	o. STATE	Land			INTY Balt	imor	e
off the	s of			o. CITY OR TOWN (I write RURAL ond	f autside carparate limit: give neorest tawn)	3,	c. LENGTH OF STAY	IN 1b				rate limits, write Rl	JRAL ond give	nearest t	own)
ours	s. Pag hours			Cowson						imore	21204	,	0	3-1	
24 h d in	papers. hin 72 hc	-0			AL OR INSTITUTION (If no	it in haspital, g	ive street address)		d. STREET						IS RESIDENCE ON A FARM?
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with with	10 ×			NAME OF DECEASED	Fit		Middle		REITZI		4. DATE OF	Mor Mr.		Day	Year
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after after	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	nearest town)
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24 he filled papers in 72 hin	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  d. STREET ADDRESS  e. 1	IS RESIDENCE ON A FARM?
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NDING P ned by t After uld be d		(I) (we) las
CTDR Shou jth ti	saw the deceased alive on Marcu 219 67, and that death occurred at M, from the causes and on the date s	
DR be 1	M.D. PHYS.   MED. DIRECTOR   STAFF PHYS.	
TO HOSPITAL DR ATTENDI Page 4 may be retained TD FUNERAL DIRECTOR: A director, page 3 should should be filed with the	22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS	
Page Page FUN Hould	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
F F "	24. FUNERAL DIRECTOR ADDRESS 1252. REC'D BY REGISTRAR'S SIGNATURE 1250. REGISTRAR'S SIGNATURE 1250.	URE
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2 8	TO FUNEATE DIK R. After this certificate has been signed by the attending physician and completely filled in the funeral director.	ā.	부
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MAKITAND	SIAIE DEPARTM	ENT OF HEALTH—BA	ALTIMORE, I	•	
03324	CERTIFICA	ATE OF DEATH		Reg. Dist. No.	0331
PLACE OF DEATH O. COUNTY BAL TIM DRE	MARYLAND	2. USUAL RESIDENCE (Where dece o. STATE	. b. COUNTY	RALT!	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co			
d. NAME OF HOSPITAL (If not in hospital, give street a	2 WEEKS		ALK	03	
OR INSTITUTION, GINSHIP RO		d. STREET ADDRESS 69 NORTHS	HIP ROA		ON A FARM? YES NO
B. NAME OF First DECEASED (Type or print) MAR. GAR.	Middle Er EUGE	NIA RILEY OF		th Doy ARCH 2	Yeor
	ED NEVER MARRIED	B. DATE OF BIRTH   QCT. 24, 1911	9. AGE (In years last birthday)	IF UNDER I YEAR	1
Oa. USUAL OCCUPATION (Give kind of work dane 10b. K	IND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	in country)	12. CITIZEN OF	WHAT COUNT
	BLIC SCHOOLS	PENNSYL 14 MOTHER'S MAIDEN NAME	VANIA	U.S.A	<b>.</b>
FUGENE X. RIL	FJ	MARGAR	ET MI	PRRIS	
	OCIAL SECURITY NO. 17. 1	PAUL RILEY	2967 Moder	BERTY F	ARKWA 21222
18. CAUSE OF DEATH [Enter only one cause per line	far (a), (b), and (c).]	200		INTER	VAL BETWEEN T AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ronary	occusion			
Conditions, if ony, which )	U				
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lying couse lost.					
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVE		WAS AUTOPSY PERFORMED? YES NO [X
	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or	Port II of item 1B.)		
Hour o.m. While	DURY OCCURRED 20e. PL Nat while fo	ACE OF INJURY (Home, form, 20f. (ctory, street, office bldg., etc.)	City or town)	(County)	(State
21. I certify that I attended the decease			19		
alive on march 21, 196	Z_,_, and that death	occurred at (D ) M, f	ram the causes a	nd an the date	
ACTUAL DOLLAR	I done.	10 D.	S (Street, city or town, s	stote)	DATE SIG
SIGNATURE	(desero	M.D	NEAVA	Anc.	21 23/2
PHYSICIAN'S ISEN 19 NO K.	WAZARO.	MO. Dur	VDAUK	2/222,	MD,
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 3 24 67	22c. NAME OF CEMETERY O	R CREMATORY 22d. LO	DURSE	1	(State)
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FUNERAL DIRECTOR'S SIGNATURE	coopery -	240. 819 DBY BEG	STRABO TO REST	HOAR'S SIGNATURE	udal

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PLACE OF DEATH				2. 1	USUAL RESIDEN	CE (Whare	deceased livad, If	institution:	Residenc	a before a	dmission)
a. COUNTY	ltimana Da				STATE	100	b. COUN		9.1.		a
	altimore Co		MARYLAND	_	Maryland			20.4	-	nore	
write RURAL and	outside corporate limits	,	c. LENGTH OF STAY IN 1	b   0	. CITY OR TOWN (	If outside cor	porate limits, write	RURAL en	d give n	earest tow	n)
Tows			Six Months	E	altimore				112	-1	
NAME OF HOSPITA	AL OR INSTITUTION (if	not in hos	pital, give street address)		STREET ADDRESS						SIDENCE
711 Fair	ay Drive			7	'll Fairwa	y Driv	ve			YES	NO TO
NAME OF DECEASED	First		Middle		Last	4. DATE	Month	1	Day	Year	
Type or print)	Helen Ring	man				DEAT	H Momel	2		19	7
SEX	6. COLOR OR RACE			I 9 DAT	E OF BIRTH		9. AGE (In years		1 VEAR	IF UNDER	-
	U. COLOR OR RACE	7. MARRIE	NEVER MARRIED	0. DAI	L OF BIRTH		last birthday)	Months	Days	Hours	Min.
Female	White	WIDOWE	DIVORCED K	Nov.	20, 1890	)	76 yrs.				
	ON (Give kind of work		ND OF BUSINESS OR INDU	STRY 11.	BIRTHPLACE (Cour	nty & State, o	or foreign country)	12. CI	TIZEN O	WHAT	OUNTRY
Seamstr	ting life, even if retired	1)			Commona				US		
FATHER'S NAME	. 055	1		1.14	Germany	NAME			US	3	
TATTLE S NAME				17.	MOTHER 5 MAIDEN	TAZAME					
	Ernest R	emler				Unknow	m				
	R IN U.S. ARMED FOR of yes give war or detas of se	rvice)	1 - 1	Marce	ella R. Ke	empf (I	Address Daughter		ne		
18. CAUSE OF DE	ATH  Enter only one	cause per l	ne for (a), (b), and (c).]							ERVAL BET	
	WAS CAUSED BY:		CAREINO	4 027	7031 S				ON	SET AND	DEATH C
/ 57 / 1	MMEDIATE CAUSE (a)_	-	Coste								٠
100X	DUE TO	10	*,		1				(	2	
Conditions, if any,	which \ (b)_	10	A- KIDU	e4					0	nuc	5
gava rise to immedia	DIE TO			1							
(a), stating the un-	derlying										
	(c)_ SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT	NOT RELA	ATED TO THE TERMI	INAL DISEAS	E CONDITION GIV	EN IN PAR		9. WAS A PERFO	NO _
20a. ACCIDENT WA OR CONTRIBUTING E (IF EITHER, NOTIFY )		20b. DES	CRIBE HOW INJURY OCCU	RED. (Ente	r nature of injury in	Part I or Part	II of item 18.)				
20c. TIME OF INJUR Hour a.m.	Y Month, Day, Yea	r 20d. While at wor	_Not While		INJURY (Home, far raet, office bldg., etc		ity or town)	(Co	uniy)		(State)
21 I certify th	at (I) (this hospit	atten	ded the deceased fro	m D	ec (	19.66 10	MARE	4 2 2 19	671	hat (I) (	(we) la
			19.6.7, and th								
22a. SIGNATURE	1211	A	2/40.		ATTENDING	MED. DIRECTOR	STAFF PHYS.	100	-	221	SIGN

15. WA (Yes, no. 18 Cor 981 (a) cau CERTIFICATION 20a OR (IF MEDICAL 200 21. 581 224 22d. ADDRESS PHYSICIAN'S NAME (Type) Venable, Jr. J. York Road 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) REGISTRAR 256 MG. Gardens of Faith Cemetery Burial

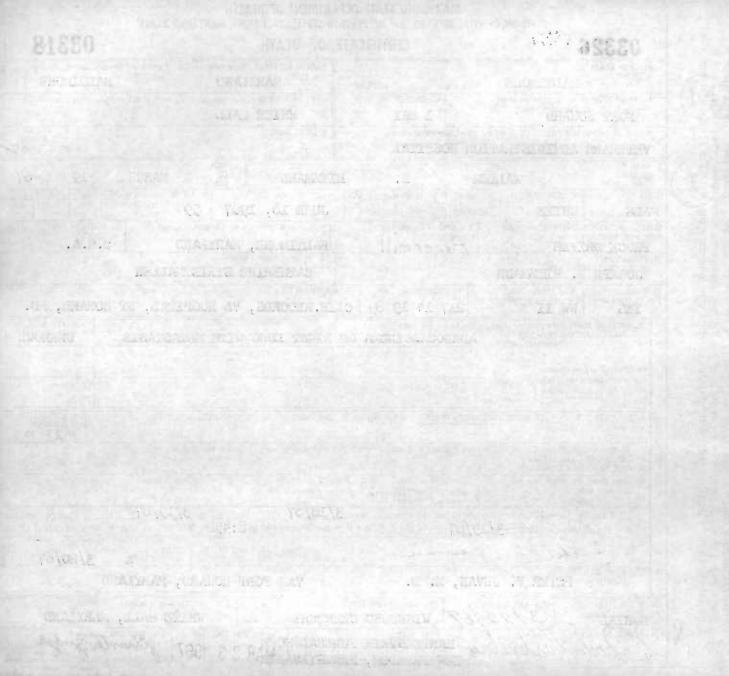
24 FUNERAL DIRECTOR'S SIGNATURE

Eugenia K. Seitz 5209 York Roade

Eaitz Funeral Home Baltimore, Md. 21212 2 7 1967

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03318 03326 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY BAITTMORE BATITIMORE MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corparate limits, write RURAL and give negrest tawn) 1 DAY WHITE HALL .= d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS o. IS RESIDENCE ON A FARM? VETERANS ADMINISTRATION HOSPITAL NO W NAME OF Middle First 4. DATE earbon Manth Day Year campletely 3 DECEASED WALTER RITZMANN MARCH 19 67 vent, (Type or print) DEATH SEX 6. COLOR OR RACE B. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 24 HRS birthday) Months Haurs JUNE 18, 1907 MALE WHITE WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of warking life, even if retired)
TRUCK DRIVER NDUSTRY COUNTRY? BALTIMORE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOSEPH F. RITZMANN CATHERINE STRIETMALLER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yes, na, ar unknawn) ari (If yes give war or dotes of service 217 14 19 89 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY MASORA MUO ADENOCARCINOMA OF RIGHT LUNG WITH METASTASIS IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse TENDING PHYSICIAN: The law last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES X NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) 21. I certify that (1x (this haspital) attended the deceased fram 3/18/67 ta 3/19/67 , 19____, that (M) (we) last be retained and that death accurred at 8:45PM, fram causes and an the date stated above saw the deceased alive on 3 FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 3/20/67 M.D. DIRECTOR director, page should be filed 22c. PHYSICIAN'S 22d. ADDRESS W. JUVAN, M. D. VAH FORT HOWARD, MARYLAND NAME (Type) PETER 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) WHITE HALL, MARYLAND WISEBURG CEMETERY 0 24. FUNERAL DIRECTOR REC'D BY REGISTRAR **ADDRESS** 2Sb_ REGISTRAR'S_SIGNATURE



- 1(M)	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MA	RYLAND
- F 7 -	13327 CERTIFICATE OF DEATH	03319
24 hours after death. filled in by the funeral apers. Pages 1 and 2 n 72 hours after death.	a. SIATE / b. COUNTY _	
ithin 24 hours after tely filled in by the 1 oon papers. Pages 1 within 72 hours after	b. CITY OR TOWN (If outside corporate limits, write RURAL en write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL en	-
t hour ed in ers. 72 hou	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	TONELIGIT TOURDING TOTAL	YES NO P
rted within 24 hr completely filled ve cabon papers event, within 72 h	(Type or print) H. MAY Robbins DEATH 3	2 1967
executed and con remove n any even	F Wh. WIDOWED DIVORCED 3/25/1874 92 yrs. Months D	CERTIFICATE OF DEATH  COUNTY
cate be ex physician a n please re	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR II. BIRTHPLACE (County & State, or foreign country)  11c. CITI (COUNTY & State, or foreign country)  11c. CAN ADA	IZEN OF WHAT NTRY? S. A.
certificate ding phy Then pl removal,	13. FATHER'S NAME	
death certifica he attending ph permit. Then ion, or removal	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  (Yes, no, or unknown)   (If yes give war or dates of service)   16. SOCIAL SECURITY NO.   17. INFORMANT	HOT. #12
a t t	18. CAUSE OF DEATH EENter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  LANGE OF DEATH EENTER ONLY ON A CO.]  Em bolus	ONSET AND DEATH
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transi should be filed with the State Dept. of Health prior to burial, crem	Conditions, If any, which (b) (b)	
w rectendir tendir as be as the prior t	underlying cause last. (c)	Ino. Was AUTORSV
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PHYSICIAN: the hospital this certifi detached fo e Dept. of H		# 15.Ell
ic PHY: by the ter this be deta tate De	Hour a.m. While Not While factory, street, office bldg., etc.)	ty) (State)
ATTENDING retained by ECTOR: After Should be with the Stat	21. I certify that (1) (this hospital) attended the deceased from Nov. 3, 1965, to March 2, 1967	
AL OR AT nay be ref NL DIRECT page 3 s filed with	22a. SIGNATURE 22b. DAT	TE SIGNED
O HOSPITAL Page 4 may O FUNERAL director, pa		1/s Md
Page To FU direct shou	Removal (Specify) 3/2/1967 Glenwood Cemetery West Long Branch.	. N. J.
VD Ass (6)	24. FUNERAL DIRECTOR  ADDRESS to . m.el.   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S	SIGNATURE
VR A15 (4) 15M 4-64	Wm. f. / when isons north we was date MAR 2 1967 yourse	no magi

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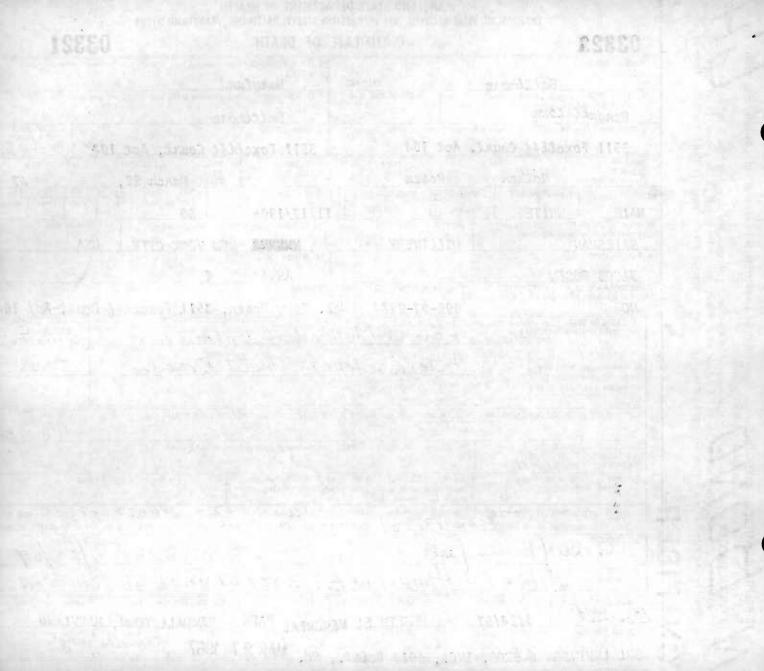
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03330 03328 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

HEALTH DEPT.		1. PLACE OF DEATH	If a Hellal prespence only and fined if institution Paridous Lafarra desired
INVI		o. COUNTY	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE b. 60 UNTY
6 5 0		Baltimore MARYLAND	o. STATE Balltimore
en en		b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town)
de and M3.		write RURAL ond give neorest town)	Lutherville
2, P.	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS  e. IS RESIDENCE
De a	40		
f fe	00	1512 York Road	1512 York Road
Pog Hith St		3. NAME OF First Middle	Lost 4. DATE Month ) Day / Year,
The de		OFFICE ASED (Type or print) Loretta M.	Rockel   0F   3   24   1967
after death 8. Give Pog olong with		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR.
\$ 0.00 A		Female White WIDOWED X DIVORCED	Dec. 1. 1890   last birthdoy)   Months   Doys   Hours   Min.
hours Item 1 Office I and r death	-	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT
Item Item Office I and		during most of working life, even if retired)  Homemaker  NDUSTRY	COUNTRY?
- C - W			Baltimore, Maryland
cil cil age		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
within 24 n pencil in Examiner's File pages 2 hours offe		Trainor	
7 - 2 - 7		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT 76 Addresses and an arministration of the second and arm
2: 0 .= _		(Yes, no or unknown) (If yes give wor or dotes of service)	INFORMANT 16 Wdress Seminary Ave.
execute anding" Medica t permit		The state of the s	. Roland A. Rockel Lutherville, Md.
		18. CAUSE OF DEATH (Enter only one couse per line for (a) (b), ond (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
bir nc		IMMEDIATE CAUSE (0)	y action Jollen
world world the Cl		11201 DUE TO 1	4 1
should e word the C the C		Conditions, if ony, which gove ) (b) (b)	lessle Carrio-
		rise to immediate couse (o),	
		stoting the underlying couse (c)	reals Diceice 1041
			CS COLOX V J SCOT S LINGUIS AUTODOV
This certi cate, writ be forwal be used removal,	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 12 WAS AUTOPSY PERFORMED?
his cate, e for be usemov		200. EXTERNAL CAUSE WAS PRIMARY 🗀 OF CONTRIBUTING 🗆	YES NO
		200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)
= P 5 5		E   PRIMARY □ or CONTRIBUTING □   CAUSE OF DEATH.	
NE Ce		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
M the the 4 s 4 s 6 s 3 e 3 e 3 e 3 o tion		Hour o.m. While Not While for	tory, street, office bldg., etc.)
EXAMINER tute the cer age 4 shou r your files. Poge 3 sho cremotion,		p.m. 17 of work 🗀 at work	
		21. I certify that I took charge of the remains described above, he	eld on Autopsy 🔲 , Inspection 💽 Inquiry 🔲 , ond in my opinio
rical se exector. Pred fo ECTOR buriol,		death resulted from: Notarol couses Accident Sui	cide , Homicide Undetermined monner
MEDIA please direct direct etaine DIREC			CHIEF MEDICAL EXAMINER
2 - 0 - 0	100	ACTUAL COMPANIES	ASSISTANT MEDICAL EXAMINER . 22. DATE SEGNEL
0		SIGNATURE VERILLE TO THE COUNTRY	DEPUTY MEDICAL EXAMINER (7)
ecessary, he funerol may be i FUNERAL	2	EXAMINER'S NAME (Type) CHARLES F OLDONNELL M D	Address (Street, city, town, or county)
DEPL stessa e fun moy FUNE	-	diamend r. o bownship r. b	
nece the 5 m 6 FU		PFMOVAL (Specify)	
	0	7/2/12/01	
VR A15ME (5)	1	24. FUNERAL DIRECTOR	2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03323 deoth. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY requires that the death certificate be executed within 24 hours after cian and completely filled in by the fur ease remove tarbon papers. Pages 1 and in on event, within 72 hours after MARYLAND Maruland b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest town) Randallstown Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3511 Foxcliff Court. Apt 104 Foxclikk I NO I NAME OF Middle 4. DATE First Lost Year DECEASED Nathan Rosen (Type or print) DEATH March 19 S. SEX 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR I IF UNDER 24 HRS. 7. MARRIED Y DATE OF BIRTH **NEVER MARRIED** lost birthdoy) Months Doys Hours WIDOWED DIVORCED MALE WHITE 1/17/1906 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? SALESMAN ATILINERY USA NEW YORK CITY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JACOB ROSEN ANNA WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) burial, cremation, or Mrs. Toby Rosen. 3511 Foxcliff Court Apt 090-07-2984 NO 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH yteardial IMMEDIATE CAUSE (o) DUE TO tRTERIOSCIEROTIC HEQU Conditions, if ony, which gove earn (b) rise to immediate couse (o), DUE TO stoting the underlying couse prior to hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO YES certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, TO FUNERAL DIRECTOR: After this 20c. TIME OF INJURY Month, Doy, Year (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work Jeen 1952, to JAR27, 1967, that (1) (we) las 21. I certify that (1) (this hospital) attended the deceased fram_ sow the deceased alive on 1942 17 1967, and that death accurred at 1/p. M, from couses and on the date stoted obave 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS TO HOSPITAL NAME (Type) IMELFARB 3501 ST. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION. 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) 3/24/67 RANDALISTOWN REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Charles MAR 27 1967 BROS. INC. 6010 Reist.



TO FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit perint. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	DIVISION OF STATISTICAL RESEARCH AND RECORDS		IARYLAND
1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY	residence before admission
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  MARYLAND  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in Hospital, give street address)	BALTIMORE  d. STREET ADDRESS	30-4
,	GBMC	400 EAST. 28th ST.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF First Middle DECEASED (Type or print) SEBASTIAN	ROSSKOPH DEATH MAR.	Day Year 3 19 67
5.	SEX  6. COLOR OR RACE 7. MARRIEO NEVER MARRIED DIVORCEO DIVORCEO DIVORCEO	8. DATE OF BIRTH 9. AGE (In years IFUNOER last birthday) Months 7	1 YEAR IF UNOER 24 HRS Days Hours Min.
10 du	DA. USUAL OCCUPATION (Cive kind of work done iring most of working life, even if retired)  ET (RED) OWNER RESTAURANT	11. BIRTHPLACE (County & State, or foreign country) 12. CC	ITIZEN OF WHAT
13	SEBASTIAN, RUSSKUPE	FRANCISCA MYERS	MAYER
10	5. WAS DECEASE O EVER IN U.S. ARMEO FORCES?   16. SOCIAL SECURITY NO.   17. es, no, or unkown)   (If yes give war or dates of service)	INFORMANT Address RS. ROSA ROSSKOPF (SA	mE)
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a)	t Ca Lung	INTERVAL BETWEEN ONSET ANO OEATH
	Conditions, If any, which \ (b) Carcurance	of lung with	
_	gave rise to Immediate cause (a), stating the underlying cause last.  DUE TO  The design of the cause last.	sed /	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
	20a. ACCIOENT WAS UNDERLYING COUNTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury in Part I or Part II of Item 18.	)
MEDICAL	20c. TIME OF INJURY Month, Oay, Year   20d. INJURY OCCURRED   20e. PLA   facto   20e. pla   20e. pl	CE OF INJURY (Home, farm, 20f. (City or town) (Cou	inty) (State)
	21. I certify that (I) (this hospital) attended the deceased from 1		
	saw the deceased alive on Murch 3 19 6 7, and that		he date stated above Ate Signed
	M.D. PHYSICIANIS M.D		13/67
	22c. PHYSICIAN'S NAME (Type) RAM K. CHHILLAR	BALTIMORE, MED	21204
23	a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY BURIAL Specify) 3/6/1967 Glen Have		
2	4. FUNERAL OIRECTOR A ADDRESS		ty Md
L	I.W. Jenkins & Sons Co. 4905 York R		

MARYLAND STATE DEPARTMENT OF HEALTH

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Herrorenal Can Lawrence A STATE OF THE STA March 2 15 March 2 15 March 2 16 Frank. Whiter C3 = 15-GTE. BRATE INCO CONTES RAW K. CHHILLING Bartania . Illi . Trimitan B me value of the Total Color the Armid Sellings one Amounted the sense flee, a first to the sound Bull of the state 
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where dacaesed lived, If institution: Residence before admission a. COUNTY b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) write RURAL end giva nearest town) .= Baltimore-Rral Baltimore, -- Rural within filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 814 Old North Point Road. 814 Old North Point Road completely papers. n 72 ho YES NO X 3. NAME OF Middle 4. DATE Month DECEASED (Type or print) ANNA DEATH March 5, RULENZ 1967 carbon nt, withi 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED | 5. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) event, Months | Days Female White June 13, 1881 WIDOWED A DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) At home Poland 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME à John Tiess Minnie Buodowski removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no or unkown) (If yas give war or detes of service) r attending physician. has been signed by the Mrs. Anna R. McColligan Bl4 Old North Point Roa permit. 18. CAUSE OF DEATH [Enter only ona ceuse par line for (a), (b), and (c).] INTERVAL BETWEEN 50 ONSEL AND DEATH PART I, DEATH WAS CAUSED BY: Rectum IMMEDIATE CAUSE (a) burial-transit **DUE TO** Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying the the hospital or After this certificate use as PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)] CERTIFICATION PERFORMED? prior NO T detached for 20a. ACCIDENT WAS UNDERLYING I 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH I may be retained by t DIRECTOR: After the 3 should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED I Month, Day, Yaer 20e. PLACE OF INJURY (Home, farm, ! 2Df. (City or town) (County) (State) ŏ fectory, street, office bldg., etc.) Hour e.m. Not While at work at work 21. I certify that (1) (this hospital) attended the deceased from Trans 1965, 1965, .7., and that death occurred at //....M, from the causes and on the date stated above. saw the deceased alive on. 22a. SIGNAT 22b. DATE SIGNED page with th HOSPITAL FUNERAL DIRECTOR PHYS. PHYS. M.D. Page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, filed Morris A./Jacobs. M.D. 1010 North Point Road. 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (State) OFB Mar. 8, 1967 Oak Lawner Cemetery Colgate . Md ... 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** Ullrich Funeral Home Dundalk, Md. VR A1S (4) 20M S-63

RYLAND STATE DEPARTMENT OF HEALTH

Mar. C. 1367 I Washington Carbony College, 1967 I S. 1967 A Carbony College Co

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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fundament death	Ġ.	2	PLACE OF DEATH D. COUNTY	Baltimo		MAR	/LAND	2. USUA a. STA	AL RESIDENCE (WHATE Md.	ere deceased li	ved, if institu b. COU		1	nission)
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es that the death certificate be executed sician.  ed by the attending physician and completed by the attending physician please comave and transit permit. Then please comave and cremotion, or removal, and in any event		ŧe	male	6. COLOR OR RACE white		NEVER MARRIEI DIVORCEI			5, 1893.	7	E (In yeors B birthdoy) Yrs.		ays Ho	urs Min.
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thot the d an. by the att ronsit pen cremotion,				ATH (Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE	(0)	(a), (b), and (c).)	hed	20-1	295	eas	<			BETWEEN ND DEATH
quires that the physician signed by the burial-transit burial, cremat			Canditians, if any, rise ta immediate	couse (o),	(b)	Heric	scl	250	SIS	-64			54	Lan
Φ			stating the under last.	ying cause S	(c)	O DEATH DUT NOT DE	ATED TO T	HE TEDMIN	NAI DISEASE COND	ITION CIVEN IN	DADT 1/a)		T 10 WAS	ALITOPSY
AN: The low roll or attending it of the sent of the sent of the sent of the Heolth prior to	2	CERTIFICATION	20a. ACCIDENT WAS			CRIBE HOW INJURY O							19. WAS PERF YES	
s PHYSICIA the hospito this certifia detached for e Dept. of H	4	CAL CERTI	OR CONTRIBUTING (IF EITHER, NOTIFY)	☐ CAUSE OF DEATH		JURY OCCURRED			IRY (Home, form,		y or tawn)	(Cauni	v)	(State)
by the officer this be determined by the State De		MEDICAL	Haur a.m p.m	. 10	While at work	Not While at wark	facto	iry, street,	office bldg., etc.)		48.5			
OR ATTEND be retained DIRECTOR: A ge 3 should led with the			saw the de	ceased alive on	March	19 67,	and that	death	accurred at <u>S</u>	M, fr	om causes	ond an the	date ste	oted obove.
be re			22c. PHYSICIAN'S	lonald )	Ja	nday	M.C	PHYS. 22d.	ADDRESS	IRECTOR	STAFF PHYS. [	] 3~	11-6	7
O HOSPITAL OR Page 4 moy be 1 O FUNERAL DIRI director, page 3 should be filed v	/	230	NAME (Type)  BURIAL, CREMATIO	N, 23b. DATE THE		23c. NAME OF CEM	ETERY OR (	REMATOR	у	23d. LOCATIO	ON (City or To		aunty)	(State)
VR A15 (4)	B	24	FUNERAL DIRECTOR	1 21-21		Greek Ort		1000		Bal REGISTRAR	967Sb. R		NATUREJA	oge.

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03333 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o STATE o. COUNTY b. COUNTY MARYLAND requires that the deoth certificate be executed within 24 hours after c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 21207 5 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Landington Ave. event, within 72 filled XXXXXXXXXXXX YES T 3 NAME OF 4 DATE Dov Year DECEASED OF NMN (3 19 (0 (Type or print) DEATH IF LINDER 1 YEAR S. SFX AGE (In years IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** 8 DATE OF BIRTH lost birthdoy) Months Hours 30 19m WIDOWED' DIVORCED ond in ony 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) physician o during most of working life, even if retired) **INDUSTRY** COUNTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, cremotion, or removal, Unk. 75 SOCIAL SECURITY - 1914J INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c), PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-tronsit p **ONSET AND DEATH** IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or ottending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse **IO FUNERAL DIRECTOR:** After this certificate hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH.BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) ot work 20, 196') that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram 2 196, ta 19 67 saw the deceased alive an 373/20 and that death accurred at \$1.55 PM. from causes and an the date stated above. 220. (SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22d PHYSICIAN'S NAME (Type) nod 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23o. BURIAL, CREMATION, 23b. DATE THEREOF (County) 3/25/67. REMOVAL (Specify) Holy Redeemer Cemetery Baltimore, Md. Leonard J. Ruck, Inc. Balto. Md. 21214 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Williamelen VR A15 (4) 20 M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03334 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY Baltimore b. COUNTY Baltimore a. STATE Maryland the attending physicion ond comptetely filled in by the fun ssit permit. Then pleose remove corbon papers. Pages 1 notion, or removal, and in ony event, within 72 hours after o MARYLAND requires that the deoth certificate be executed within 24 hours after b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21236 d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? 15 Delight Avenue St. Joseph's Hospital YES NO K 3. NAME OF First Middle 4. DATE Lost Month Dov Year DECEASED FONTELLA SAMPLES 28. 1967. March (Type or print) DEATH 9. AGE (In years loss irthdoy) IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH IF UNDER 24 HRS. NEVER MARRIED Days Hours June 18, 1900. Female White WIDOWED E DIVORCED 10b. KIND OF BUSINESS OR 10a. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) INDUSTRY COUNTRY? USA Kansas 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Mills Mary E. Berry IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, na, arunknawn) (If yes give war ar dotes of service) (Same) Mrs. Charles Sommers None 1B. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ic Cordii Voserla De ONSET AND DEATH IMMEDIATE CAUSE (o) signed by Venticular Acly condeys DUE TO Canditians, if any, which gove rise to immediate couse (a), DUE TO as the stoting the underlying cause TO FUNERAL DIRECTOR: After this certificate hos been PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? ell, tus YES NO Page 4 may be retoined by the hospital or jo 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City ar town) (County) (Stote) Hour a.m. Not While factory, street, office bldg., etc.) of work ot wark Frece, 196/ to 28 May 1967 that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram. shauld saw the deceased alive an 1967, and that death accurred at 24 M, fram causes and an the date stated above 22b. DATE SIGNED 22o, SIGNATURE ATTENDING PHYS. MED. DIRECTOR M.D. director, poge 3 should be filed v 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) 4/1/67. Mt. Moriah Cemetery Kansas City, Missouri. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR Milanley & VR A15 (4) 20 M 1/66 Leonard J. Ruck, Inc. Balto. Md. 21214

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03335 03327 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY BALTIMORE MARYTAND within 24 hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) papers. res FORT HOWARD DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 filled 1608 ELISWORTH STREET VETERANS ADMINISTRATION HOSPITAL YES NO D carban NAME OF First Middle 4. DATE Lost Month Day Year and campletely DECEASED DOUGLAS SANDERS MARCH 19 67 WALTER (Type or print) DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed S SFX IF UNDER 24 HRS. 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdoy) Months Doys Hours any WIDOWED T SEPTEMBER 5. NEGRO DIVORCED 1905 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT physician c during most of working life, even if retired) INDUSTRY and BALTIMORE, MARYLAND LABORER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova CHARLIE SANDERS ELIZABETH TATE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT VA HOSPITAL (Yes, no, or unknown) (If yes give wor or dotes of service) 70 FORT HOWARD, MARYLAND CLINICAL RECORDS YES WW ian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY 19NSET AND REATH IMMEDIATE CAUSE (0) BRONCHOPNEUMONIA DUE TO burial burial Conditions, if ony, which gove PSEUDOMONAS AERUGINOSA rise to immediate couse (o), DUE TO stoting the underlying couse OS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPSY PERFORMED? THROMBOSIS OF THE RIGHT MIDDLE CEREBRAL ARTERY.

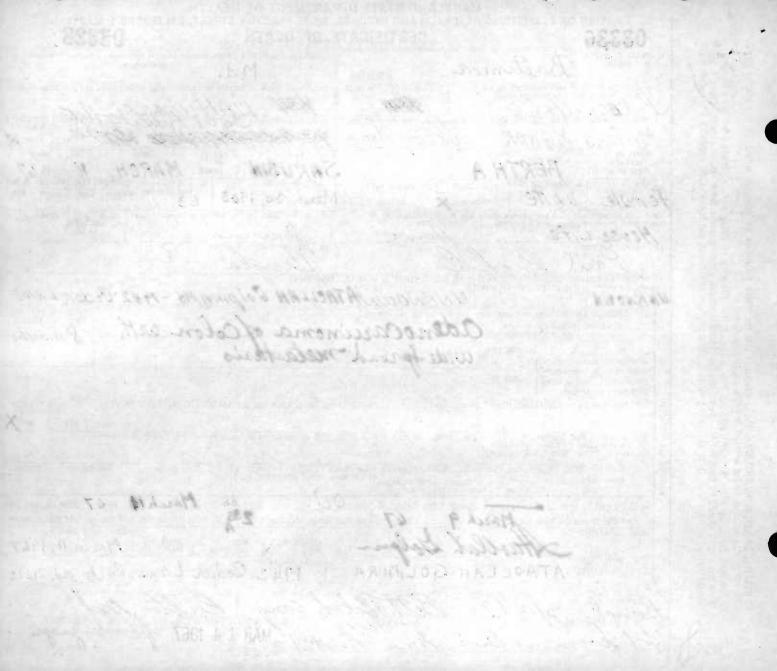
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ACCIDENT WAS DISPERSED. FOR THE POPULAR OF INJURY OF CHILD AND THE POPULAR OF INJURY OF INJUR ARTERIOSCLEROTIC NO K this certificate 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work Page 4 may be retained by 21. I certify that (this haspital) attended the deceased fram FEB 28 19 67 to MARCH 5 1967, that ( (we) lost sow the deceosed ofive on MARCH 5 and that death occurred at 150P M, from couses and on the date stated above. 1967 FUNERAL DIRECTOR; 220. SIGNATURE 22b. DATE SIGNED ATTENDING 3/6/67 M.D. DIRECTOR be filed PHYS PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) PETER V. JUVAN, M. D. VAH FORT HOWARD, MARYLAND director, shauld be 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) BURLAL (Specify) BALTIMORE NATIONAL BALTIMORE, MARYLAND
LEGISTRAR 25b. REGISTRAR'S SIGNATURE 0 24. FUNERAL DIRECTOR RAYNOR SANDERS 2So. REC'D BY REGISTRAR **ADDRESS** VR A15 (4) Munico 25M 1/67 FUNERAL HOME, 217 E. Preston ST. Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. CDUNTY b. COUNTY a. STATE MARYLAND b. GITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town d. NAME OF HDSPITAL OR INSTITUTION (if not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS ND X YES NAME OF First Middle DATE Day Month DECEASED comple we carb event, (Type or print) DEATH 19 executed 5. - SEX 6. CDLOR DR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days and re-Hours DIVORCED 1Da. USUAL DCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS DR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) INDUSTRY COUNTRY? 417 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INPORMANT 16. SOCIAL SECURITY ND. Address permit. 5 (Yes, no, or unkown) (If yes give war or dates of service) cremation, 18. CAUSE DF DEATH [Enter only one cause per line DNSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) signed burial-t burial, DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. WAS AUTDPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? ND YES 0 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED (State) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While be p.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the and that death occurred at 2.35 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED page MED. DIRECTOR FUNERAL PHYSICIAN'S 22d. ADDRESS TO FUNERAL director, p GOLPIRA NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City town or county) BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) KEGISTRAR'S SIGNATURE ADDRESS REC'D BY REGISTRAR | 25b. FUNERAL DURECTOR VR A15 (4) 20M 1/65



1967

24. FUNERAL DIRECTOR

Leonard J. Ruck Inc. 5305 Harford Rd. #7)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs often

Page 4 moy be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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Taring the same of					0. 00,,,,,,			0.4	3000	
1. PLACE OF DE a. COUNTY Balti			MARYL	AND	2. USUAL RESIDENCE (W a. STATE Md	here deceose	b. COL		e before admi:	ssian)
write RUR	WN (If outside carparate limits IL ond give nearest tawn) sville	5,	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (If out		limits, write RI	JRAL and give	nearest tawn	
d. NAME OF H	ospital or institution (if no iarwood Rd.	it in hospital, gi	ve street address)	5	d. STREET ADDRESS Briarwood	Rd.			e. IS RE ON A	SIDENCE FARM?
3. NAME OF DECEASED (Type or print	Fil		Middle C. Schiff	orer	Last	4. DATE OF DEATH	Mon	nth,	Doy	Year 9 6 7
S. SEX	6. COLOR OR RACE Cauc.	7. MARRIED [ WIDOWED [	NEVER MARRIED DIVORCED	XX 8	July 18/82		AGE (In years last birthday)	IF UNDER 1 Manths		DER 24 HRS.
during most of wo	ATION (Give kind af work dane rking life, even if retired)  keeper		D OF BUSINESS OR USTRY		11. BIRTHPLACE (County 8 Maryland	3 State, ar fare	ign country)	COL	IZEN OF WHAT UNTRY? SA	1 3/1
13. FATHER'S NA	ME rederick Schi	fferer				Kather:				
	D EVER IN U.S. ARMED FORCES? wn) (If yes give war ar dates a	A VI	ocial security no. 2-32-4176A	17. M	Briarwood	E Eis	er Add 21228	ress		
18. CAUSE PART I	DEATH (Enter only one countries of the c	(a) Cen	o), (b), and (c).)	he	morrha	ge			INTERVAL E ONSET AND	
rise ta imm	f ony, which gave ediate cause (a), underlying cause	(b)			0					
PART II. OTH	er significant conditions <u>c</u>	ONTRIBUTING TO	DEATH BUT NOT RELA	ITED TO T	HE TERMINAL DISEASE CON	DITION GIVEN	IN PART 1(a)		19. WAS A PERFO	UTOPSY RMED? NO
OR CONTRIBI	T WAS UNDERLYING  ITING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES0	CRIBE HOW INJURY OCC	CURRED. (	Enter noture of injury in F	Part I or Port	II of item 18.)		- 40	
20c. TIME O	F INJURY Month, Day, Yeor ir o.m. p.m. 19	20d. INJ While at wark	Nat While		E OF INJURY (Home, form, ry, street, affice bldg., etc.)		(City or town)	(Cou	unty)	(State)
	ertify that (I) (this has e deceased alive an	pital) attende	ed the deceased f	ram nd that	death accurred at_	966 ta 435 M,		, 19 <u>/</u> and an th	that (I) ne date stat	(we) la ted abav
22a. SIGNA	allut al	Reite	1	M.D	. PHYS. L	MED. DIRECTOR [	STAFF PHYS.	3/m	TE SIGNED 6	7
22c. PHÝSIC NAME	Type) Rober	+ A.	Reiter,	M.C	22d. ADDRESS E	dino	nelso	y aluc	2/	228
23a. BURIAL, CRE BURIAL, CRE	3-18-				Cemetery	Ē1	ATION (City or T	City,	(Caunty) Md.	(State)
24. FUNERAL DI Witzk		1 Edmon	dson Ave.			BY REGISTRA		CClear	Can June	ye.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03331 CERTIFICATE OF DEATH death. 24 hours after death ampletely filled in by the funeral ve carban papers. Pages 1 and event, within 72 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Marvland b. COUNTY a. COUNTY Baltimore MARY! AND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Baltimore Rural Baltimore vear d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)
Augsburg Lutheran Home
6811 Campfield Road 21207 IS RESIDENCE ON A FARM? d. STREET ADDRESS campletely filled in 3010 Glendale Avenue YES NO X Middle 4. DATE 3. NAME OF First Schilling Year Elizabeth DECEASED Christina 67 March 19 (Type ar print) DEATH please remove car requires that the death certificate be executed 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX DATE OF BIRTH 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** birthday) Months Haurs Doys White Female 2/9/80 WIDOWED DIVORCED and in any 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life, even if retired) **INDUSTRY** Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Barbara Rithman Henry Rehling 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no, or unknown) (If yes give war ar dates of service) 215-50-9423-Paul A. Hauer, 6811 Campfield Road crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (p), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying cause as the Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO C far 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or tawn) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. Nat While factory, street, office bldg., etc.) ot wark at wark 1966, ta 21. I certify that (1) (this handla) attended the deceased fram. shauld and that death accurred at U. P. M., fram causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 220. SIGNATURE DIRECTOR PHYS. M.D. PHYS. director, page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) should NAME OF CEMETERY OR CREMATORY 23d. or Town (County) (State) 23g PURIAL, CREMATION, 250. REC'D BY REGISTRAR ... VR A15 (4) 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03332 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death death campletely filled in by the funeral nave carban papers. Pages 1 and y event, within 72 haurs after death PLACE OF DEATH 8811 Jasper Lane 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Baltimore County 8811 Jasper Lane, Balto Co, Md c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) lifetime Carnev d. NAME OF HOSP TAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8811 8811 VASIVER HNIE YES NO X 3. NAME OF First Middle Last 4. DATE Month Day and campletely DECEASED Elizabeth (Type or print) Schultz March 1967 DEATH 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED lost pirthday) Days White Haurs 3-30-93 WIDOWED DIVORCED re 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT burial, cremation, ar removal, and in during most of working life, even if retired) attending physician permit. Then please COUNTRY? INDUSTRY Mary land home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ruth Ann Roberts Edgar Bissell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, ar unknown) (If yes give wor or dates of service) AMI no 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) INTERVAL BETWEEN burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) signed by Page 4 may be retained by the haspital ar attending physician. DUF TO Conditions, if any, which gove rise to immediate cause (a), DUF TO stating the underlying cause this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ar use NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Haur o.m. Nat While factory, street, affice bldg., etc.) at wark at wark 21. I certify that (I) (this haspital) attended the deceased fram Twil 1964, 10 3-24 , 1966, that (1) (we) last director, page 3 shauld should be filed with the 19 6 and that death accurred at 60 M, fram causes and an the date stated above. saw the deceased alive ap, 22a. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR STAFF M.D. 22d. ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) 7527 Belair Road John 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. (County) (State) REMOVAL (Specify) 3/28/67 0 Moreland Memorial Pk Parkville. Balto 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 CHARLES EVANS & SON Balto., Md. 2123 HOMAR 29

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03341 CERTIFICATE OF DEATH AME OF DECEASED 2. DATE AND HOUR OF DEATH SCHW2RTZ vithin 24 hours after PLACE OF DEATH IN BALTHAORE MARYLANE 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE FULL NAME OF (If nat in hospital ar institution, give street HOSPITAL OR oddress or locotion) (If outside city limits, write RURAL and give lawnship) INSTITUTION campletely The law requires that the death certificate be executed 55. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In veors Months Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) OCCUPATION (Give kind of work 108. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 5. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL ADDRESS E(Yes, na or unknown) (If yes, give wor or dotes of service) SECURITY NO signed by the burial-transit p 18. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode at dying, e.g., heart failure, asthenia, etc. It means the disease, O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been s been as the injury or camplication which caused death.) ANTECEDENT CAUSES as DISEASES OR CONDITIONS, if any, giving this certificate had detached for use rise to the obove couse (A) stoling the UNDERLYING CONDITION lost. detached 195-7 to March 25 22. I certify that (1) (this hospital) attended the deceased fram, March that (1) (we) last saw the deceased alive an... and that in(my) (aur) apintan death accurred an the date and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body after death. plnods 23 B. DATE SIGNED 23A, SIGNATUR Attending Med. Stoff Phys. 23D. ADDRESS 24D, LOCATION (City, town, or county) 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03342 CERTIFICATE OF DEATH death. funeral 1 and and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) filled in by ... popers. Pages 1 w. 72 hours after d a. COUNTY o. STATE b COUNTY BALTIMORE MARYLAND MARYLAND be executed within 24 hours after b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) DAYS FORT HOWARD BALTIMORE 21212 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? within 72 VETERANS ADMINISTRATION HOSPITAL 406 MURDOCK ROAD YES NO T 3. NAME OF pou First 4. DATE Manth Dov Year completely DECEASED ALEXANDER 19 67 SEAMON MARCH 20 200 (Type or print) DEATH v event, S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years 7. MARRIED **NEVER MARRIED** birthday) Haurs MALE MARCH 19. 1878 WHITE añv WIDOWED DIVORCED reng pup 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, or fareign cauntry) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? physicion pub The law requires that the deoth certificate TAILOR U.S.A. TAILOR SHOP RUSSIA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol JOHN SEAMON ANNA SHENDERMEISER 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO (Yes no or unknawn) (If yes give wor or dotes of service or 217 03 66 74 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. crematian. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY: BRONCHOPNEUMONIA IMMEDIATE (AUSE (a) offending physicion. DUE TO signed burial, Canditions, if ony, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the prior to lost. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ficate hos PERFORMED? Health 1 CARDIOVASCULAR DISEASE. DECUBITIS, MULTIPLE NO Y the haspitol ar 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING [ ] CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (Stote) Hour o.m. Nat While foctory, street, affice bldg., etc.) ot work ro Hospital or Attenbing Poge 4 moy be retained by 21. I certify that (x) (this haspital) attended the deceased fram. 19 to 3/20/67 19____, thatx(1) (we) last and that death accurred at 11:00Al fram causes and an the date stated above O FUNERAL DIRECTOR: saw the deceased alive on 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS. wou M.D. DIRECTOR filed 22d. ADDRESS 22c. PHYSICIAN'S director, purificial dispersion NAME (Type) PETER V. JUVAN, M. D. VAH FORT HOWARD, MARYLAND 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) 22/1967 BAITIMORE, MARYLAND BALTIMORE, NATIONAL 24. FUNERAL DIRECTOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE JENKINS FUNERAL HOME YORK ROAD, DALTIMORE DATMAR 2 1

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03343 CERTIFICATE OF DEATH death OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Ba Maryland b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If butside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town Himore TOWSON tiffed in d. NAME DF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Hickory YES ND ND 3. NAME OF Middle 4 DATE Lost Month Doy Year carbon 3 completely DECEASED 0F MARCH19 Searls Moriva (Type or print) DEATH 19 S. SEX 6. COLOR DR RACE B. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** lost birthday) Dovs Hours Female in any Cau WIDOWED DIVORCED and 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN DF WHAT physician o during most of working life, even if retired) INDUSTRY COUNTRY? and U. S. A Housewife
13. FATHER'S NAME WN HOME New Gersen 14. MDTHER'S MAIDEN NAME or remaval, Giles Ebward HArt rmsto 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT SEAR LS permit. (Yes, no, ar unknown) ((If yes give wor or dates of service COL. WELLINGTON 717-07-69 (SAME) har crematian, INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO signed ! burial Conditions, if ony, which gove rise to immediate couse (a), DUE TD stoting the underlying couse peen as the the hospital or attending last 19. WAS AUTDPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health ficate | NO L 2Do. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) DR CONTRIBUTING CAUSE OF DEATH of detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (City or town) (County) (State) Hour o.m. Not While foctory, street, office bldg., etc.) State [ 19 ot work at wark nto Kanel 21. I certify that (1) (this hospital) offended the deceased from te be retained and that death accurred at 4.40 M, fram causes and an the date stated above. saw the deceased alive an Marc 196 t. 22o. SIGNATURE 22b. DATE SIGNED director, page 3 shauld be filed v M.D. PHYS DIRECTOR PHYS. 22d. ADDRESS Page 4 may t 22c. PHYSICIAN'S NAME (Type) Greater uar

23c NAME OF CEMPTERY OR CREMATORY

Druid Ridge

**ADDRESS** 

23d. LOCATION (City or Town)

Pikesville Balto Co

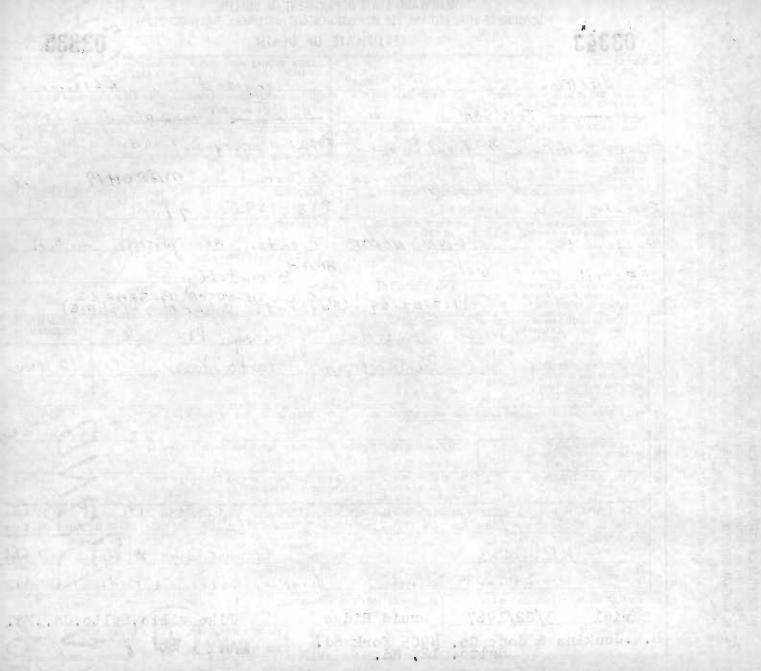
(County)

(Stote)

O FUNERAL

BURIAL, CREMATION

23b. DATE THEREO!



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03344		CERTIFICATE	OF DEATH		U	3336	
	01111	То.	MARYLAND	2. USUAL RESIDENCE ( o. STATE	Where deceosed lived, if	institution: Residence	e before odmission)	
	b. CITY OR TOWN (If ou write RURAL and giv	e nearest tawn)	c. LENGTH OF STAY IN 16 3 years +	Notet	utside corporote timits, wi	rite RURAL ond give	06-2	
1		he Pines -	ospitol, give street address) 16 FUSTING AVE	d. STREET ADDRESS	2. man	i. St.	e. IS RESIDENCE ON A FARM? YES NO	
3.	NAME OF DECEASED (Type or print)	First MARY	Middle ELIZABETH	SCITZ.	4. DATE OF DEATH	Month 3	Doy Year	
S.	SEX 6.	11/	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 6/21/188	9. AGE (In you lost birthe		YEAR IF UNDER 24 HI Doys Hours Min	Ĥ
dur	o. USUAL OCCUPATION (Given in a most of working life,		10b. KIND OF BUSINESS OR INDUSTRY	Carroll	& Stote, or foreign country		IZEN OF WHAT	
13.	AN Colu	24 2- 1	Halm	14. MOTHER'S MAIDEN	NAME	naleur	,	
15. (Y		U.S. ARMED FORCES? es give wor or dotes of serv	ice) 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Str.	nesile 41	Address	Road	
	18. CAUSE OF DEATH PART I. DEATH W		r line for (o), (b), and (c).) Myrcardial D	econpers	ation	mour	INTERVAL BETWEEN ONSET AND DEATH	
	Conditions, if ony, wh rise to immediate co stating the underlyin last.	use (o),	artriocelerotie c	ardio-vas	aular dise	aal	1037'	
ATION	PART II. OTHER SIGNIF	ICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART	1(0)	19. WAS AUTOPSY PERFORMED? YES NO	[
CERTIFIC	20o. ACCIDENT WAS UN OR CONTRIBUTING CC (IF EITHER, NOTIFY MED	AUSE OF DEATH	205. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II of item	18.)		
MEDICA	20c. TIME OF INJURY Hour o.m. p.m.	Month, Doy, Yeor		CE OF INJURY (Home, form ory, street, office bldg., etc.		own) (Coul	nty) (Stote)	
	saw the dece		attended the deceased fram_ 3 - 6 - 1967, and tha	5 - 30 - , t death accurred at	19 <u>64</u> , ta <u>3 – </u> 203 P.M, fram ca	auses and on th		
	220. SIGNATURE	R. Joble	ages Do. M.		MED. STAFI	F ml a /	TE SIGNED	
	22c. PHYSICIAN'S NAME (Type)	When K.	Gallager Sr.		wich av.	Baltin	28, md.	
1	D. BURIAL, CREMATION, REMOVAL (Specify)	3 /9/67	hestmine	ter Cometer	23d. LOCATION (City	imiter	(County) (Stote)	
24	1. FUNERAL DIRECTOR		ADDRESS	250 R	D BY REGISTRAR 2	OD. HENDYKAK'S SH	DNATUKE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely director, page 3 shauld be detached far use as the burial-transit permit. Then please remove <u>cath</u>an Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 20 M 1/66

directar, page 3 shauld be detached far use as the burial-transit permit. Then please remorshauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any

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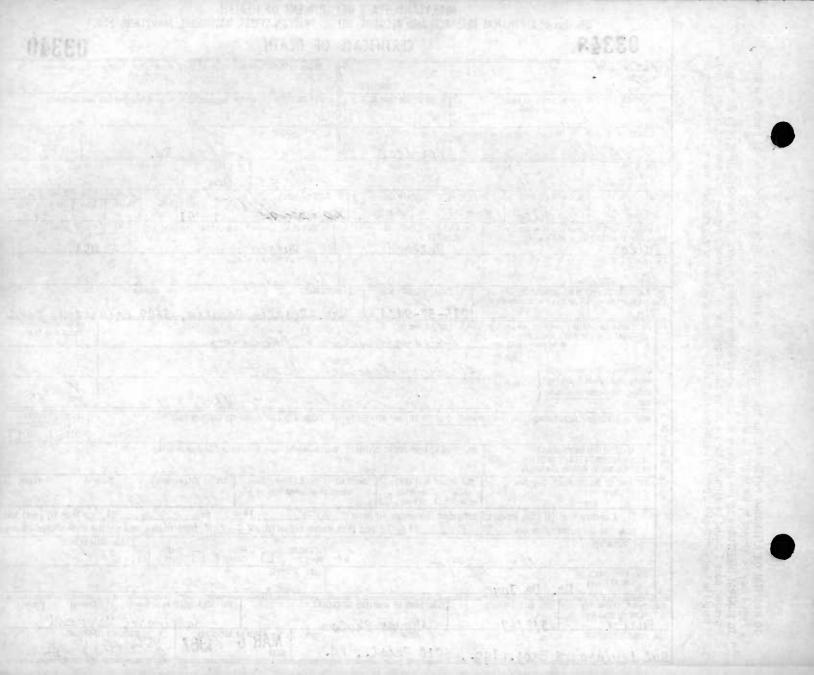
1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
	03345 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03337
	1. PLACE OF DEATH a. COUNTY BALT, MORF MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Re b. COUNTY BALT, MORF	70.
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town)	d give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  1313 MILL DAVID KD  1313 MILL DAVID KD	e. IS RESIDENCE ON A FARM? YES NO
L	3. NAME OF DECEASED (Type or print) GEORGE First FREDERICK SEYBOTH 4. DATE OF MARCH  S. SEX . 6. COLOR OR RACE 7. MARRIED 17 8. DATE OF BIRTH 9. AGE (In years ) IFUN	Qoy Year 30 1967  NDER 1 YEAR   IF UNDER 24 HRS.
	M WIDOWED DIVORCED 12-4-99 (est birthday) Mont	
(	during most of working life, even if religed   Black & Becker   Germany    13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME	COUNTRY S.A.
	George Seyboth Rose Kuebler	
	(Yes, no, grunknown) (If yes give war ar dates af service) 122-10-9867 Mrs Adelaide L. Seyboth 1313 M	Milldam Road
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYOCARDIAL INFARCTION	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (b)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause  DUE TO  DUE TO	6 MOS.
ATION	OST.   OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OCCUPACION !	20a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	
AND LOS	20c. TIME OF INJURY Month, Day, Yeor Hour o.m. p.m. 19 20d. INJURY OCCURRED While of work of work of work of work	(Caunty) (State)
	21. I certify that I taak charge of the remains described above, held an Autapsy, Inspection, Inquiry death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	
	ACTUAL SIGNATURE MULLIAM A. PILLE BURY  EXAMINER'S NAME (Type) WILLIAM A. PILLE BURY  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Street, Lity, John, Or county)	22. DATE SIGNED 3-3067
	23g. Burial, (REMATION, REMOVAL (Specify)  Burial  23b. Date Thereof  23c. Name Of CEMETERY OR CREMATORY  23d. LOCATION (City or Town)  Burial  23d. LOCATION (City or Town)  Burial	(Caunty) (Stote) Co. Md.
	24. FUNERAL DIRECTOR  ADDRESS  250. RECID BY REGISTRAR  25b. REGISTRAI  PORTA PR 3 10C7 VCLus	R'S SIGNATURE

TEST CONTROL OF THE PROPERTY O Topical City College L. St. Bollet L. School St. 1985

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03346 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Baltimore h. COUNTY Maryland ith the State Department af MARY! AND delay and 3 t c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS form ON A FARM? St. Joseph's Hospital 1525 Pentridge Rd. 58 NO A in Item 18. Give Pages e, writing the word "pending" in pencil in Item 18. Give Pagi farwarded to the Chief Medical Examiner's Office algag with NAME OF Middle 4 DATE First Year DECEASED OF DEATH Shamberger Mary Dessel March 28. 19 67 (Type or print) 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED B. DATE OF BIRTH to birthdoy) 4/3/1890 Hours female white WIDOWED X within 72 haurs after death DIVORCED 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even irretired) INDUSTRY COUNTRY 3 Balto., Md. This certificate shauld be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Sauers Jacob Dessel 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. permit. (Yes, no ocunknown) (If yes give wor or dates of service Mrs. Elaine M. Peck 322Worthington Rd 1B. CAUSE OF DEATH (Enter only one INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH any event IMMEDIATE CAUSE DUE TO Conditions, if ony, which gove rise to immediate cause (a), = DUE TO stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) ar remayal. WAS AUTOPS? PERFORMED? the certificate, NO 4 shauld be 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH MEDICAL 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry, and in my opinian FUNERAL DIRECTOR: death resulted from Natural causes Accident . Suicide . Hamicide | Undetermined manner be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER EXAMINER'S CHARLES F. O'DONNELL, M.D. may Health Address (Street, city, town, or county) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230. BURIAL, CREMATION, 23b. DATE THEREOF (County) 0 Baltimore, Maryland REMOVAL (Specific) Woodlawn 3/31/67 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A 15ME (5 Mitchell-Wiedefeld Home 6500 York Rd. 6M 1/67 Balto., Md. 21212

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death. 24 hours after death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY Timore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Ξ stely filled ir bon papers. within 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES ND X an and completely f e remove carbon pa l in any event, withir executed within 3. NAME DE First DATE Month Middle 4. Day DECEASED march (Type or print) . DEATH 19 SEX 6. COLOR DI RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. A E OF BIRTH NEVER MARRIED X 9. 7. MARRIED Days WIDOWED DIVORCED 1Da. USUAL DCCUPATION (Give kind of work done) physician in please r val, and in 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY CDUNTRY? Then pl removal, 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY ND. INFORMANT Address 17. been signed by the atten the burial-transit permit. It to burial, cramation, or (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN The law requires that the DNSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to immediate DUE TD cause (a), stating the prior underlying cause last. has 98 (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY 19. for use Health use PERFORMED? certificate YES ND PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY DCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) detached f te Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) 20c. TIME DF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (County) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. After Id be d While Not While OR ATTENDING P p.m. at work at work DIRECTOR: A age 3 should lied with the 3 to Marc 21. I certify that (I) (this hospital) attended the deceased from 196 that (!) (we) last saw the deceased alive on M, from the causes and on the date stated above. and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED page : ATTENDING DIRECTOR M.D. PHYS. Page 4 may O HOSPITAL PHYSICIAN'S director, p should be f 22d. ADDRESS NAME (Type) 0 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. E OF CEMETERY OR CREMATORY LOCATION (City, fown or county) (State) REMOVAL (Specify) 9 FUNERAL DIRECTOR REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE **ADDRESS** 25a. VR A15 (4) 20M 1/65

	Division of STATISTICAL	MARYLAND STATE DEI RESEARCH AND RECORDS, 301	PARTMENT OF HEALTH  W. PRESTON STREET, BALTIMO	RE, MARYLAND 21201
7	03348	CERTIFICATE	OF DEATH	03340
the funeral ages T and s after death	1. PLACE OF DEATH  o. COUNTY  Baltiness	MARYLAND	Balta, md.	ved, if institution: Residence before odmission) b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	Ba 140.	mits, write RURAL and give neorest town)
illed in papers. tin 72 h	d. NAME OF HOSPITAL OR INSTITUTION (If not in hos Belfa. Co. Sere	spitol, give street oddress)  1 Hospital	d. STREET ADDRESS 5000 A Pinho	e. IS RESIDENCE ON A FARM? YES NO
ely 1	3. NAME OF First DECEASED (Type or print) Nathan	Middle	Lost 4. DATE OF DEATH	Month Doy Year  3 / 19 / 7
	in a contract	OWED DIVORCED	134/875 lo	of (in years   IF UNDER I TEAR   IF UNDER 24 RKS. st birthdoy)   Months   Doys   Hours   Min.  7   yrs.
oue	during most of working life, even if retired)  Tailor	TOB. KIND OF BUSINESS OR INDUSTRY  Retired	11. BIRTHPLACE (County & Stote, or foreign	country) 12. CITIZEN OF WHAT COUNTRY?
nit. Then pl or remaval,	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
ermit.	1S. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) NO		nformant rs. Rosalie Racusi:	Address  1. 3609 Brianstone Road
y the attending physician and ansit permit. Then please rememation, or remaval, and the please rememation, or remaval, and the properties of the properties	18. CAUSE OF DEATH (Enter only one couse per I PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (o), (b), and (c).) Myrrockeal	) defection	INTERVAL BETWEEN ONSET AND DEATH
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tar use as the b f Health priar ta b	stoting the underlying couse (c)	Cerebro Varia	eler Terreffic	my Chys
3 alth pr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH OF THE PROPERTY MEDICAL FY AMINES.)			YES NO
00	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter noture of injury in Port I or Port II	
ate De		While of work of work of work	pry, street, office bldg., etc.)	ty or town) (County) (Stote)
h the St	21. I certify that (I) (this hospital) saw the deceased alive on	attended the deceosed from	t death occurred of M, f	, 19 that (I) (we) lo rom causes and on the date stated above
RAL DIRECTOR: After this ce, page 3 shauld be detache be filed with the State Dept.	22c. SIGNATURE	June M.	D. ATTENDING MED. DIRECTOR DIR	STAFF - 3/1//-
TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	NAME (Type) Dr. De Joya  230. BURIAL (REMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR	B. C. G. +	COUNTY) (Store)
shar	REMOVAL (Specify)  Burial 1  24. FUNERAL DIRECTOR	Ahavas Shol		altimore Maryland  2sb. REGISTRAR'S SIGNATURE
15 (4)	Sol Levinson & Bros. Inc		d. MAR b 198	Jelianles Judge



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET,	AND MARYLAND
	03343 CERTIFICATE OF DEATH	03341
1.	COLDITY	ed lived, If institution: Residence before admission)
	BALTIMORE MARYLAND MARYLAND	b. COUNTY
		limits, write RURAL and give neerest town)
	PIKESUILLE BALTIMORE	03-1
Ī	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)  d. STREET ADDRESS	IS RESIDENCE     ON A FARM?
	27 WARREN PARK DRIVE 27 WARREN	PARK DRIVE YES NO NO
•	NAME OF First Middle Last 4. DATE OF	Month Dey Yeer
	(Type or print) ABRAHAM SILBERMANN DEATH	MARCH 10 1967
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AC	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. st birthdey) Months Deys Hours Min.
	MALE WHITE WIDOWED DIVORCED 5007 22, 1913 5	3 yrs.
	le. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign most of working life, even if retired)	ign country) 12. CITIZEN OF WHAT COUNTRY
	ResTHARN TOLAND	U.S.a
13	FATHER'S NAME	
	Noi KNOWN Noi KNOWN	
	6. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT (es, no, or unknown) ((Ifyesgivewerordelesofservice))	Address
	1091-26-8012 MRS HENIA SILBE	RMANN SAME
	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Acute pulmorary extern	Low menutis
	199 DUE TO	. 77
	Conditions, if any, which (b) Marked Everne	monches
	geve rise to immediate cause (e), stating the underlying DUE TO	21/2 4
	cousa lost. (c) Chardrosarcoma, malitrant	2/2 gras
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
3		YES NO
CERTIFICATION	20e. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Pert I or Part II of OR CONTRIBUTING   CAUSE OF DEATH	item 1B.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or bound of the control	town) (County) (Stete)
ME		
	21. I certify that (I) (this hospital) attended the deceased from Cury 11., 1966, to M	
	saw the deceased alive on March f, 1961, and that death occurred at 44 M, from the	
	22e. SIGNATURE ATTENDING MED.	STAFF 22b. DATE
	Louis R. Maser M.D. PHYS. DIRECTOR DE	PHYS. \( \) 3/10/67
	22c. PHYSICIAN'S NAME (Type) LOUIS R. MASER M.D. 22d. ADDRESS 2724 SMITH	AUE., BALTIMOKEMD
23	REMOVAL (Specify)	ON (City, town er county) (State)
2	SURIAL LEAM SITTE I Some Cemetery 1436	) race
24	taveson: March	25b. REGISTRAR'S SIGNATURE
4	Alvan > Jews Loon, one of the party in to	107 Mayle, Judge
1	· MAR I U IS	101 11

THE RESERVE OF THE PARTY OF THE PARTY OF THE 

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03350

### CERTIFICATE OF DEATH

03342

	00000		PERMIT	CLKIII	ICAIL	OI DEA						BB	12
0		ltimore			/LAND	o. STATE	Maryl	Land	ed lived, if institu b. COU	INTY		-	n) /
b	o. CITY OR TOWN (I write RURAL And	f autside carparate limits give nearest tawn) WSON	ć.	LENGTH OF STAY I	N 1b	c. CITY OR TOW	N (If autsi		te limits, write RU timore 2		3	10-4	
C	. NAME OF HOSPIT	St. Josep	t in haspital, give s h's Hospi	treet address)		d. STREET ADDR	31	102 Rt	neckert	Avenue	9	e. IS RESIDI ON A FA YES	ENCE RM? NO X
-	NAME OF DECEASED Type or print)	John	rst	Middle S.	Sinc	lost clair		4. DATE OF DEATH	March		Day 4,	7 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	67.
S. S	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		B. DATE OF BIRTH ebruary			AGE (In yeors lost birthday) yrs.	IF UNDER Manths	Days	IF UNDER Hours	24 HRS. Min.
	USUAL OCCUPATION nemost of warking	(Give kind of work dane life, even if retired)	10b. KIND O INDUST	F BUSINESS OR RY		11. BIRTHPLACE	(County &		eign country)		TIZEN OF UNTRY?		
13.	FATHER'S NAME	Harry F.	Sinclair			14. MOTHER'S M	AAIDEN NA	ME	Ann L.	Wehn			
1S. (Yes	WAS DECEASED EVE s, never unknown)	R IN U.S. ARMED FORCES? (If yes give war ar dates o	f service) 16. SOCIA	AL SECURITY NO.		Mary I	L. Sc	hwart	Addı Z		ame)		
		ATH (Enter only one cau H WAS CAUSED BY: IMMEDIATE CAUSE	(a) Cene	breaf An	tery	theon	1608	is			, ONS	ERVAL BETV SET AND DI	
	Conditions, if any, rise to immediat stating the under	which gave a cause (o),	(b) Cone	bnal An	tek.	iosclen	usis				Ye	ans.	
ATION	last.		(c)ONTRIBUTING TO DE	ATH BUT NOT REL	ATED TO	THE TERMINAL DISE	ASE COND	ITION GIVE	N IN PART 1(a)			WAS AUTO PERFORME	
CERTIFICATION	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	205. DESCRIE	BE HOW INJURY O	CCURRED.	(Enter nature of in	njury in Po	ort I ar Part	II af item 1B.)				
MEDICAL	Havr a.n	n. 19	While at wark	OCCURRED Nat While at wark	fact	CE OF INJURY (Honory, street, affice bl	dg., etc.)	20f.		`,	unty)	•	Stote)
	21. I certi	<b>fy</b> that (I) (this has eceased alive an_	pital) attended	the deceased 3 19 67,	fram_ and tha	FCBR-19 t death accurr	£_, 19 red at∠	66 to	, fram causes				we) la: I abave
	22a. SIGNATURE	Esas J.	Pelura	will	M.		LA D	MED. PIRECTOR	STAFF PHYS.	22b. D. War	ATE SIGN	4,19	967
	22c. PHYSICIAN'S NAME (Type			lerand			S La		Peuren F	3/vd.	-		
23a.	REMOVAL (Specify	23b. DATE THE	FREOF 2	Parkwoo		metery		91	CATION (City or To Baltime	ore, M			tate)
	eonard J	Ruck, Inc	. Balto.	ADDRESS Md. 212	214	2S DA	A REC'D I	6 REGISTR	967 25b	EGISTRAR'S	IGNATUR	usge	

VR A15 (4) 20 M 1/66

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please camban papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

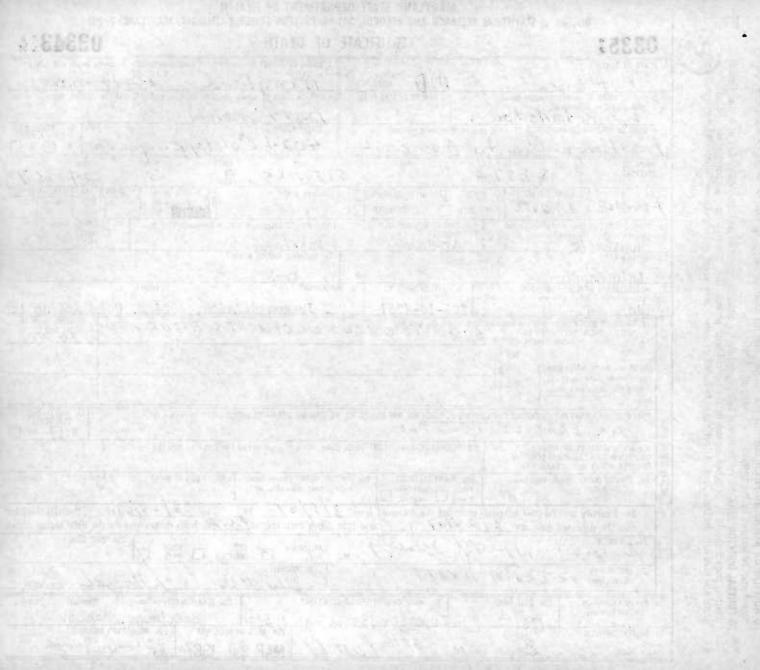
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

Francisco Company 10 315 Tropped and Parall Street American Street Corne Carle Carlo . The second second Secriforna) ariol of the A (see 2) bearing out to the property of the latter of All the state of t 1,00000 Make The Astronomy States

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03351 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH filled in by the funeral papers. Poges I and o. COUNTY MARYLAND Himore remove carban papers. Poges 1 b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give pearest town) mon 10113 TOWN d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE 4024 Himore YES ounte NAME OF Middle 4. DATE the attending physician and completely sit permit. Then please remove carban DECEASED OF SITNICK 196 (Type or print) DEATH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACI 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours WHITE WIDOWED DIVORCED and in are 10a. USUAL OCCUPATION (Give kind af wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or fareign country) 12. CITIZEN OF WHAT during mast of working life, even if retired)
Housewife COUNTRY? INDUSTRY At Home Russia 1194 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Laib Brodie Leah 16. SOCIAL SECURITY NO. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na. ar unknown) (If yes give war or dates of service 205-14-4231 Mr. Joseph Sitnick, 4024 W. Cold Spring Lan No INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

SUSPECTED OCCLUSION OF AORTIC BIFURCATION burial-transit IMMEDIATE CAUSE (o) DUE TO signed I Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse O FUNERAL DIRECTOR: After this certificate has been as the last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) far use Health p 4LCERATIUE COL1715 YES NO Page 4 may be retained by the haspital or 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH a (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Hour a.m. Not While at work 2 4/6 719 ___, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram 3/8/67 . 19 24/67 19 and that death accurred at 8:00 AM. from couses and an the date stated above saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR M.D. PHYS be filed director, page should be filed 22d. ADDRESS / D IRVINI HYATI NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, (County) REMOVAL (Specify) Baltimore, Marland Tifereth Israel Anshe Shard 3176167 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 6010 VR A15 (4) 20 M 1/66 Melioner

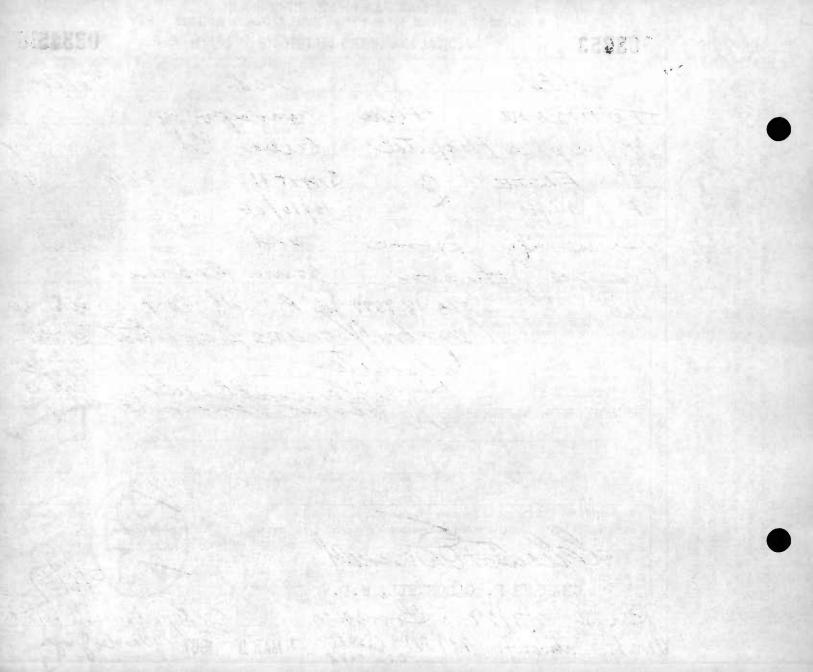


certificate Bu thot the gned FUNERAL I he registrar page 9 VS A15 (4) 15M 9/58

director

death.

Programme South Company of the Compa The second section of the second section is Remark that a figure is the same and the same and the same of the A Committee of the Comm AND THE PORT OF THE PARTY OF THE PARTY OF THE PARTY. The state of the s Add to the control of 
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03345 03353 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 0 MARYLAND Stote Deportment b. CITY OR TOWN (If outside carporate limits, write RI!RAL and give nearest town) c. LENGTH OF STAY IN 16 outside corparate limits, write RURAL and give nearest town) and PM3. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRES Office olong with form 58 in Item 18. Give Pages NO C YES hours ofter death. NAME OF Middle DATE Month Dov Year DECEASED OF DEATH with the 60 (Type or print) AGE (In years IF UNDER 1 YEAR SEX IF UNDER 24 HRS 6. COLOR OR RACE OF BIRTH NEVER MARRIED birthday) Manths Days Haurs 72 hours after deoth. WIDOWED DIVORCED pages lond2 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Exominer's useun f3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME This certificate should be executed within WAS DECEASED EVER IN U.S. ARMED FORCES? **INFORMANT** Address Medicol (Yes, no, or unknown) (If yes give wor or dotes of service) "pending" event within 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) burial-transit PART I DEATH WAS CAUSED BY the Chief IMMEDIATE CAUSE (d writing the word DUE TO any Conditions, if ony, which gove forwarded to rise to immediate couse (a). .⊑ DUE TO stoting the underlying couse 050 WAS AUTOPSY or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO PERFORMED? CERTIFICATION NO pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should should PRIMARY Or CONTRIBUTING CAUSE OF DEATH cremation, 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Your foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page at work pleose execute ot work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion Natural causes Accident death resulted from? Suicide Undetermined manner Hamicide CHIEF MEDICAL EXAMINER 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy Address (Street, city, town, or county) NAME (Type) O'DONNELL. CEMETERY OR CREMATORY 23o. BURIAL CREMATION 23b. DATE THEREOF LOCATION (City or Town) (Stote) (County) 0 25o. REC'D BY REGISTRAR VR A15ME (5) 6M 1/67



# after death. Page 4 funeral directar, ould be filed with ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retained. 2 FUNERAL DIRE 2. After this certificate has been signed by the attending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 ansule State Baard of Health priar to burial, cremation, ar remaval, and in any event. within 72 haurs after death. may be retained TO FUNERAL DIRE TO HOSPITAL OR VR A1S (4) 1SM 9/S9

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

03354	CERTIFICA	TE OF DEATH		03346
1. PLACE OF DEATH o. COUNTY BALTO	MARYLAND	2. USUAL RESIDENCE (Where of a STATE	deceased lived. If institution b. COUNTY	Residence befare admission)  BALTO.
b. CITY OR TOWN (If outside corporate limits, we RURAL and give nearest town)  (atons d. NAME OF HOSPITAL (If nat in hospital, give		c. CITY OR TOWN (If outside Catons d. STREET ADDRESS	. 11 -	
OR INSTITUTION	ne Rel.	221 Wes 1	towne Re	ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print)	Middle A	0 111	DATE Month OF DEATH Marc	h 29 1967
10 10 1 -   0 1 1 1 1	MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF BIRTH  1-24-1887		F UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	106. KIND OF BUSINESS OR INDU	MD.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME  SAMUE HON  15. WAS DECEASED EVER IN U. S. ARMED FORCES'	16. SOCIAL SECURITY NO. 17. 11	14. MOTHER'S MAIDEN NAME	Black Addre	55 ,
(Yes, no, or unknown) (If yes, give war or dates of service	212-03-01730	In G. WALTER	Smith 505	Kingston Rd.
PART I. DEATH (Enter only ane cause PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate  DUE TO	geline pl	vilis	saleroser	INTERVAL BETWEEN ONSES AND DEATH
lying cause last. (c)	DNS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL		N IN PART 1(o) WAS AUTOPSY PERFORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port	I or Port II of item 18.)	, , , , , , , , , , , , , , , , , , , ,
Hour o.m.	Od. INJURY OCCURRED 20e. Pl Vhile Not while t work at work	ACE OF INJURY (Home, farm, 2 sectory, street, office bldg., etc.)	Of. (City or town)	(County) (State)
21. I certify that (I) (this haspital) a saw the deceased alive an	an im	// //		, 19 <b>67</b> , that (I) (we) last I on the date stated abave.
22a. SIGNATURE	e	M.D. ATTENDING MED. DIRECT	TOR STAFF	22b. DATE SIGNED
NAME (Type) J S NO L	AN mo	Bother	in me	0 212299
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) April 1, 196	1 LOUDON 1	PK,	13ALTO	mol.
24. FUNERAL DIRECTOR'S SIGNATURE	0411 Windson	25a. REC'D BY	d same some	TRAR'S SIGNATURE

2. 3 . 1 

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03355 CERTIFICATE OF DEATH death 24 hours after death funeral 1 and 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) PLACE OF DEATH a. COUNTY o. STATE b. COUNTY carban papers. Pages 1 MARYLAND Limore campletely filled in by the t CLENGTH OF STAY IN 1h c. CITY OR TOWN (It setside carporate limits, write RURAL and give negrest town) b. CITY OR TOWN (If autside carparate limits write RURAL and give negrest town Woodlawn d. STREET ADDRESS e. IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) ON A FARM 3129 Jeffland Road DUNYA □ NO YES requires that the death certificate be executed within NAME OF Middle 4. DATE Month Doy Year DECEASED (Type ar print) DEATH 19-6 IF UNDER 1 YEAR IF UNDER 24 HR SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years 7. MARRIED NEVER MARRIED remove ev irthday) Months Days Haurs Feb. 10, 1880 and in any WIDOWED DIVORCED and 10g, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life even if retired) Teacher COUNTRY? INDUSTRY attending physician permit. Then please Harford County 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remayal. William B. Smithson Josephine Johnson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give war or dotes of service Mr. James A. Smithson 220-44-1293 same address INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave (b) rise to immediate cause (a). DUE TO has been see as the te stoting the underlying couse 4 may be retained by the haspital ar attending last. use as 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) far use Health NO YES 🗍 O FUNERAL DIRECTOR: After this certificate 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) State Dept. af OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) Hour a.m. factory, street, affice bldg., etc.) Not While at wark L at wark 21. I certify that (I) (this haspital) attended the deceased fram 19 67 that (1)/(we) last 1967 ta directar, page 3 shauld shauld be filed with the and that death accurred at 11:32 M. fram causes and on the date stated above. 196 saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR M.D. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Burial (Specify) 3/8/1967 Centre Methodist Ceme tery Forest Hill Harford Co. 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Lianelly 1967

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03356 CERTIFICATE OF DEATH death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY b. COUNTY BALTIMORE MARYLAND MARYLAND 24 hours ofter b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) FORT HOWARD 20 DAYS BALTIMORE d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? YES NO d. STREET ADDRESS within 72 VETERANS ADMINISTRATION HOSPITAL 310 E. RANDALL STREET The law requires that the death certificate be execused within 3. NAME OF First Middle 4. DATE Manth Year completely DECEASED 1967 MARCH 31 OLIVER B SOMERS (Type or print) DEATH in ony event, B. DATE OF BIRTH IF UNDER IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED 9. AGE (In years NEVER MARRIED birthday) Days Hours MARCH 7. 1919 WHITE MATE WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (County & State, or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired LOCKER ROOM ATTENDANT physicion ( BALTIMORE, MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removo ARZA SOMERS MARGARET SLY IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT VA HOSPETAL (Yes, no, ar unknown) (If yes give war ar dates af service) 0 216 09 97 42 CLINICAL RECORDS FORT HOWARD. MARYLAND cremation. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY THE THE PERSON DEATH burial-tronsit ACUTE YELLOW ATROPHY OF LIVER IMMEDIATE CAUSE (a) be retained by the hospital or attending physician. MIXIN signed l RHEUMATOID ARTHRITIS Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse d for use as the of Health prior to PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS' certificate has PERFORMED? ARTERIOSCLEROTIC HEART DISEASE. FRACTURE LEFT HIP NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (State) factory, street, affice blda., etc.) 21. I certify that (Y (this haspital) attended the deceased from MARCH 11 1967 to MARCH 31 1967, that My (we) last saw the deceased alive on MARCH 31 19 67, and that death occurred at 500A M, fram causes and an the date stated above. O FUNERAL DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. 3/31/67 22d. ADDRESS GEORGE C. VAH FORT HOWARD, MARYLAND MC ELFATRICK. M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE THEREOF (County) (Stote) REMOVAL (Specify) RITCHIE HIGHWAY, BALTO.MD. GLEN HAVEN MEMORIAL PARK 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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#### CERTIFICATE OF DEATH

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		LACE OF DEATH				2.	USUAL RESIDENCE (V	Vhere dec	eased lived, if instituti	on: Residen	ce before	odmissio	an)
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	d	I. NAME OF HOSPITA	AL OR INSTITUTION (If not in he	aspital, g	ive street address)	d.	STREET ADDRESS				e.	IS RESID	
7		Vetera	ns Administrat	tion	Hospital		5621 Wesl	ley .	Avenue		Y	ON A F	NO X
		NAME OF	First		Middle		Last	4. DAT	E Mant	h	Day	Ye	or
	(	Type or print)	ANGRIS	SH	(NMI)	SPE	ARMAN	OF DEA	TH MARCH	2	CMS	19	67
1	S. S			ARRIED	NEVER MARRIED		ATE OF BIRTH		9. AGE (In years	IF UNDER		IF UNDER	
		Male	Colored WIL	OOWED :	DIVORCED		10/17/94		72 last birthday)	Months	Days	Haurs	Min.
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	(Yes	, no, or unknawn)	(If yes give war or dates af service WW I	for				****			2.5		
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			ATH (Enter only one cause per H WAS CAUSED BY:	line for	, , , , , , , , , , , , , , , , , , , ,							RVAL BET	
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		4200											
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		last.		ARTE	RIOSCLEROTIC	HEA	RT DISEASI	E			YEA	RS	
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	E	20a. ACCIDENT WAS	UNDERLYING	20b. DE:	SCRIBE HOW INJURY OCCURRED	. (Ente	r nature af injury in F	Part I ar	Part II af item 18.)				
3	CERT		CAUSE OF DEATH MEDICAL EXAMINER)										
	ਭ	`	JRY Month, Day, Yeor	20d IN	JURY OCCURRED   20e. PL	ACE OF	JNJURY (Home, farm	. 201	(City or town)	(Co)	unty)	(	State)
	MEDICAL	Haur a.n	n.	While	Nat While fa		treet, office bldg., etc.)		. (ch) or lowny	(00	211117	,	Sidio
	-	p.n		at wark		Da	0 0	0 66	Mamah	2 106	7 1	30 /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			y that X) (this hospital) ceased alive on Max	ch	2 19 67, and the	at de	ath occurred at-	1:20	ta March	2, 19 <u>0</u>	he date	stated	we) last dobove
		22a. SIGNATURE	/	0	031						ATE SIGNE		
			Tour C-0	131	whim DN			MED. DIRECTOR	STAFF PHYS. XX	3/	2/67	,	
		22c. PHYSICIAN'S		UX	11/	T	22d. ADDRESS		11110	1 21	_/ _ ,		
		NAME (Type)	LOUIS C. BRI	ESCH	I, M.D.		VA HOS	PITT	FORT HO	WARD,	MD.		
	23a.	BURIAL, CREMATIC	ON, 23b. DATE THEREOF		23c. NAME OF CEMETERY OF			23 d.	LOCATION (City or Tox	wn)	(Caunty)	(S	itate)
		REMOVAL (Specify Burial	March 7/6	1	Balto. Nation	al	Cemetery		Baltimore	, Mar	ylan	d	
1	24.	FUNERAL DIRECTO			N. Caroline S	tra	25a. REC'D	BY REGI	STRAR 25h RE	GISTRAR'S S	IGNATURE		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pages 1 and directar, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and should be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any eyent, within 72 hours after death and completely filled in by the funeral TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician alreater base 3 shauld be detached far use as the burial-transit permit. Then please Page 4 may be retained by the haspital or attending physician.

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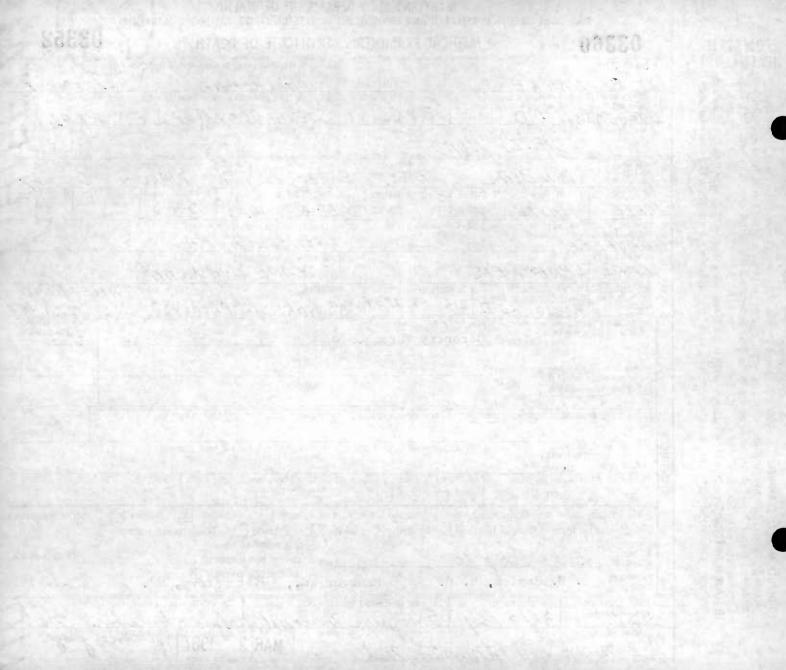
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. Unero puo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Baltimore. b. COUNTY a. STATE Maruland papers. Pages 1 iin 72 haurs after MARYLAND b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)

Baltumore c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) Baltimore. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) = d. STREET ADDRESS in any event, within 72 filled Ripple Rd. 3315 Ripple 3315 Rd. NO X 4 DATE completely f NAME OF First Middle Last Manth Year Day DECEASED IRVIN SPECTOR MARCH 18.1967 9PM 19 (Type or print) requires that the death certificate be executed IF UNDER IF UNDER 24 HRS. AGE (In years 5. SEX 6. COLOR OR RACE NEVER MARRIED 8. DATE OF BIRTH ond comp 7. MARRIED birthday) Manths Male White WIDOWED X Aug 25, 1892 DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign cauntry) COUNTRY? during mast of working life, even if retired) Poland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, or remaval, Unknown Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, ng, ar unknawn) (If yes give war ar dates af service) 217-03-8400 Mrs. Bertrum Kammerman-Same INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (s).)
PART I. DEATH WAS CAUSED BY: signed by the burial-transit IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) YES certificate 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. 20d. INJURY OCCURRED (County) foctory, street, office bldg., etc.) Nat While at work at wark 20, 1960, ta 21. I certify that (I) (this haspital) attended the deceased fram. 15, 19, 67, that (I) (we) las 3/18/19 167 and that death accurred at 918PM, fram causes and an the date stated above saw the deceased alive an. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S O HOSPITAL FUNERAL Dr. Leonard Golombeck NAME (Type) 7039 Liberty Rd. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a. BURIAL, CREMATION, (County) Beth Thiloh Cong. Baltimore. 3/20/67 2 2Sa. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR & BROS INC. 6010 Reist Rd. SOI LEVINSON

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FOR STATE	03360 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0335	2
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	15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Address // ALLEY ROSPORTED (1985) IN SPECIAL SECURITY NO.  17. INFORMANT  ADDITION OF THE PROPERTY OF STEELE OF SETTIFEMENTS.	
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AL EXAMINER: execute the cert r. Page 4 shaul far yaur files. OR: Page 3 shau		ny apinian
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To DEPUTY MEDICAL EXAM necessary, please execute the funeral directar. Page 45 may be retained far your of FUNERAL DIRECTOR: Page Health ar its designated age	EXAMINER'S D. D. Caples, M. D. 6 Hanover Routers (Type) Md. 3-7	-67
TO DEPU necessarthe fund 5 may 10 FUNE Health	23a. BURIAL, CREMATION, 23b. DATE THEREOF, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown) (County)	(Stote)
7 - + 2 D H	Burnel 3/9/67 Everaum memoral Derden Importation 7	nd.
100	24. FUNERAL DIRECTOR  ADDRESS  250. RECD BY REGISTRAR 2 10 MINES	R.
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03361 CERTIFICATE OF DEATH requires that the deoth certificate be executed within 24 hours after deoth and ottending physician and campl<del>ately f</del>illed in by the funeral permit. Then please remove corbon papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY ATATE O h COUNTY Daltimor & MARYI AND b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b. c. CITY OR TOWN outside corporate limits, write RURAL and give nearest town! write RURAL and give negrest tawn) EURS ve corbon papers. d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) NO X 3 NAME OF DATE Middle First Last Month Day Year DECEASED UIRES 19 (Type or print) QIR DEATH SFX 6. COLOR OR KACE AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MARRIED DATE OF BIRTH NEVER MARRIED last birthday) Months Days Haurs DIVORCED and in ony WIDOWED 10b. KIND OF BUSINESS OR 11 SIRTHP(ACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done during mast of working life, even if retired) COUNTRY? US A INDUSTRY House wife Maxy ano 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT permit. (Yes, no, or unknown) (If yes give wor or dotes of service 5 ION, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN cremat ONSET AND DEATH burial-transit IMMEDIATE CAUSE (a) þ physicion. sancreas, mesentere signed t DUF TO burial. Canditians, if any, which gave (b) rise to immediate couse (a) DUF TO stating the underlying cause Poge 4 may be retained by the hospital ar ottending prior ta O FUNERAL DIRECTOR: After this certificate hos been for use as the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Stote Dept. af Heolth NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar tawn) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Haur a.m. Not While factory, street, office bldg., etc.) at work at wark 21. I certify that (1) (this haspital) attended the deceased fram. . 19.66, ta. 1967, that (1) (we) last director, page 3 should should be filed with the M. fram causes and an the date stated above. 1967, and that death accurred at saw the deceased alive an, 22g. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) NAME OF CEMETERY OR CREMATORY 23d_ LOCATION (City ar Tawn) 23a. BURIAL, CREMATION. 23b. DATE THEREOF (State) (County) REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

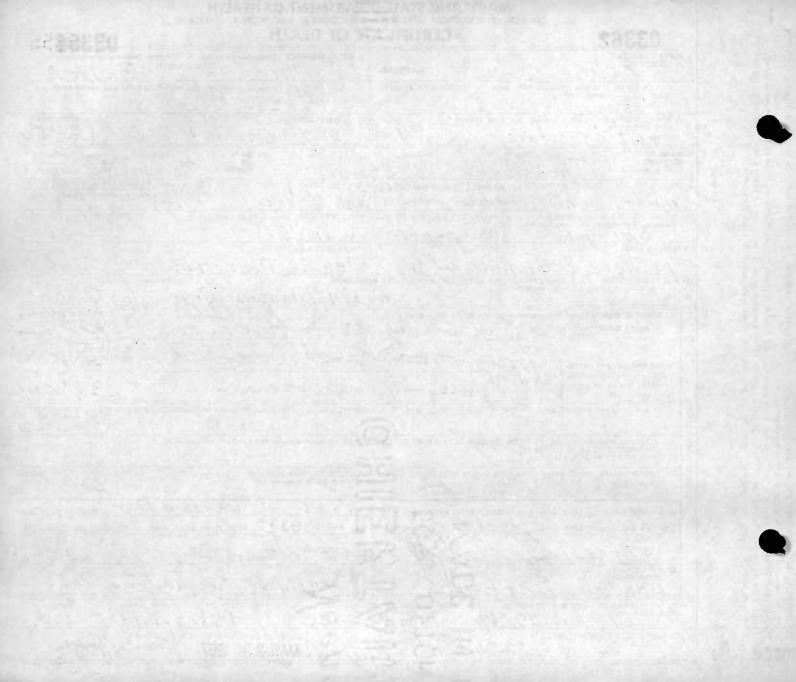
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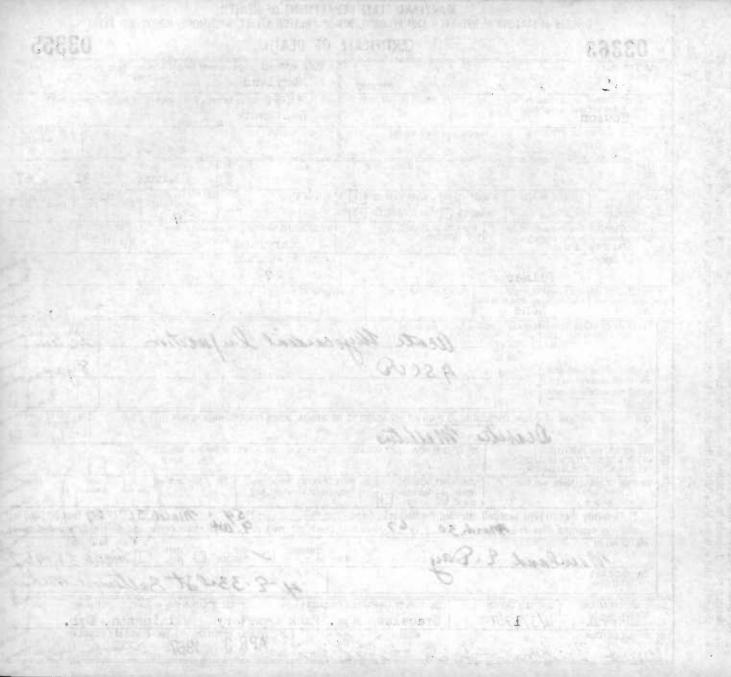
CERTIFICATE OF DEATH 03362 PLACE OF DEATH a. COUNTY o. STATE MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town), Kesvi 1 Kes d. NAME OF HOSPITAL (If nat in hospital, give street address) d. STREET ADDRESS OR INSTITUTION _ 4. DATE OF DEATH NAME OF Middle DECEASED sabo death. (Type or print) SEX B. DATE OF BIRTH 7. MARRIED NEVER MARRIED DIVORCED [ WIDOWED I 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) during most of warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO. 17. INFORMANT 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (or DUE TØ Canditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse lost. 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour a. m. While of work otwork p. m. 21. I certify that (1) (this hospital) attended the deceosed from 6 -/-119 sow the deceased alive on 220. S GNATURE ATTENDING MED. 22c PHYSICIAN'S 22d. ADDRESS MAME (Type) FUNER 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY poge the St REMOVAL (Specify) 24. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO IN Yeor 196 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETOVEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOFSY PERFORMED? YES NO D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) -26-67, 19___, that (1) (we) lost And that death occurred ot 3 M, from the couses and on the dote stoted obove 22b, DATE SIGNED 23d. LOCATION (City, town, or county) (State)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH e. COUNTY USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY 0/-MARYLAND elay is necessary, 13 to the funeral Page 5 may be b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) MULA d. NAME OF HOSPITAL OR INSTITUTION (If not in Hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? Graystone Road State hours Gravstone Road NO X YES PM3. P NAME OF Middle Month Day Year Last DECEASED DEATH 196 (Type or print) DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Hours | Min. EXAMINER: This certificate should be executed within 24 hours after death. If a certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, nould be forwarded to the Chief Medical Examiner's Office along with form 5. SEX 6. COLOR OR RACE 9. August 8, 1894. WIDOWED DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Retired Carpenter COUNTRY? USA Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Stielper Wilhelmena Schilp File 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 1 Address (Yes, no, or unkown) (If yes give war or dates of service) permit. I (Same) 214-12-4701 Mrs. Mary T. Stielper INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] ONSET AND DEATH burial-transit PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the a used as a to burial, underlying cause last. (C) WAS AUTOPSY PERFORMED? CATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES NO ZZ CERTIFI ld be 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Pert II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 3 should MEDICAL 120e. PLACE OF INJURY (Home, farm, (County) (State) 20d. INJURY OCCURRED 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While the certifical at work at work and in my opinion 21. I certify that I took charge of the remains described above, held an Autopsy inspection inquiry FUNERAL DIRECTOR: Natural causes 4. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER your ASSISTANT MEDICAL EXAMINER SIGNATURE for DEPUTY MEDICAL EXAMINER 4 **EXAMINER'S** director. retained Address (Street, city, town, or county) 7 23d. LOCATION (City, town or county) BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) Cedar Hill Cemetery Baltimore, Md. 3/22/67. 0 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR Leonard J. Ruck, Inc. Balto. Md. 21214 VR A15ME 3500 4-64

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MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 03366 PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. death. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) the attending physician and completely filled in by the funeral sit permit. Then please remave carban papers. Pages I and 1. PLACE OF DEATH Baltimore Maryland b. COLINTY MARYLAND c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b Baltimore 21212 Towson d STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) 402 Radnor XXX. Rd. St. Joseph Hospital NO T 3 NAME OF Middle Lost 4 DATE Month First Doy Year DECEASED (Type or print) 67 Sena Mabel Stone March 1. Dan wix 19 DEATH IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED hirthday) Months Days Hours 1/10/86 WIDOWED DIVORCED White Female 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during mast of working life, even if retired) INDUSTRY COUNTRY? pup Housewife
13. FATHER'S NAME Maryland Own Home TISA 14 MOTHER'S MAIDEN NAME Mary Ann Griffin William N. Pearce 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address (Yes, na, or unknown) (If yes give wor or dates of service No 215-32-65178 Luther B. Stone Above 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c),
PART I. DEATH WAS CAUSED BY:
Diabetes Mellitus INTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (a) DUF TO Canditians, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been far use as the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY PERFORMED? Gangrene of the toe (great) right foot NO K 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER (Stote) 20c. TIME OF INJURY Manth, Day, Yeor Haur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) Nat While factory, street, affice bldg., etc.) at work at work 19 67, to 3/1/ 21. I certify that 4) (this hospital) attended the deceased from 2/21 _, 19_67, that (A) (we) last 167 19 67, and that death occurred at 3: 28M, from couses and on the date stated above. saw the deceased alive on_ 22b. OATE SIGNED 22a. SIGNATURE MED. DIRECTOR ATTENOING STAFF PHYS. 3-1-67 22c. PHYSICIAN'S Edvardo 22d. ADORESS 7620 York Road, Baltimore, Md. 21204 NAME (Type) Eduardo Canilang, M.D. 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify)
Burial St. Marys Episcopal
ADDRESS 250. Baltimore Md 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

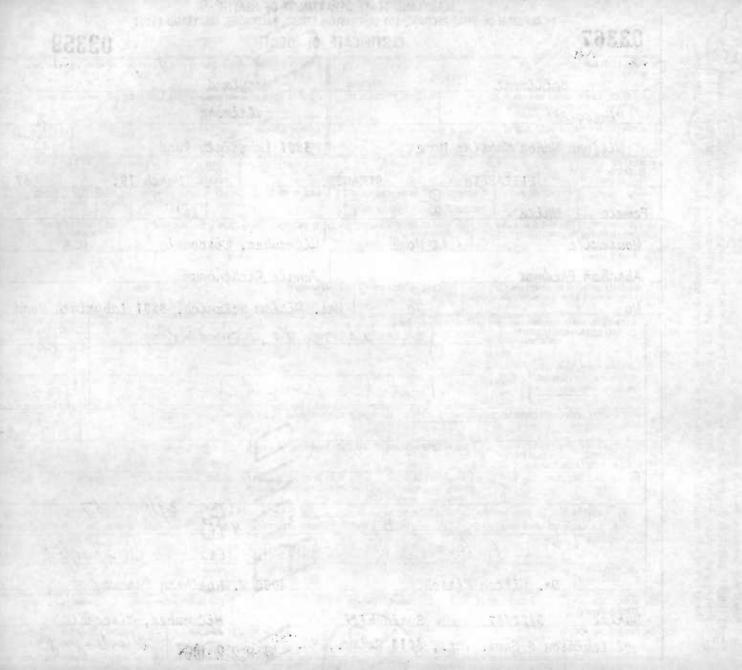
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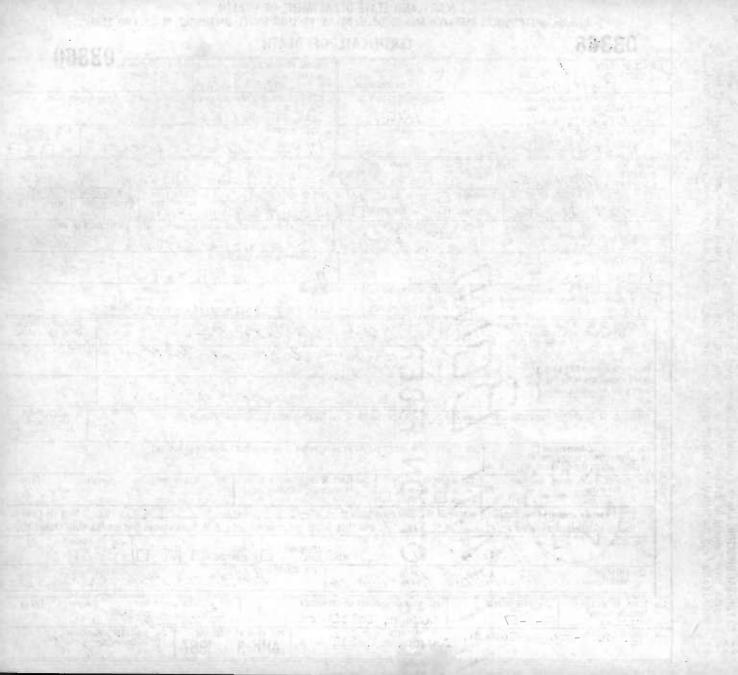
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03367 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o COUNTY o. STATE b. COUNTY Maruland Baltimore MARYLAND within 24 haurs after b. CITY OR TOWN (If autside carparate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) Raltimore Pikesville d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Laburinth Road Milhord Manor Nursing Home 3801 NO T and in any event, within 3. NAME OF Middle Last DATE Month Year Day DECEASED OF DEATH 19 IF UNDER I YEAR IF UNDER 24 HRS. Hours Min. ELIZABETH STRAUSS (Type ar print) March be executed S. SEX 6. COLOR OR RACE B. DATE OF BIRTH AGE (In years 7 MARRIED **NEVER MARRIED** last birthday) X DIVORCED WIDOWED Female 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physician o during most of working life, even if retired) COUNTRY? INDUSTRY Milwaukee, Wisconsin
14. MOTHER'S MAIDEN NAME requires that the death certificate Housewife At Home 13. FATHER'S NAME burial, crematian, ar remayal. Jennie Richenbaum Abraham Fredman 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes give war ar dotes of service) Mrs. Miriam Selznick, 3801 Laburinth Road No No INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) signed by the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave (b) rise to immediate couse (a). DUE TO stating the underlying cause peen as the Health priar ta 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) use YES [ NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, (City ar town) (State) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (County) Haur a.m. factory, street, affice bldg., etc.) Not While at wark at work **DIRECTOR:** After pe 21. I certify that (1) (this haspital) attended the deceased fram /, that (I) (we) las and that death accurred at HIPM, fram causes and an the date stated above saw the deceased alive an 19 6 22b DATE SIGNED 22a, SIGNATURE MED. DIRECTOR ATTENDING M.D. PHYS. director, page should be filed 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) Dr. Milton Kirsch 4000 W. Northern Parkway 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial 3/22/67 Milwaukee. Wisconsin Springhill ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 col Levinson & Bros. Inc., 6010 Reist., Rd.



# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

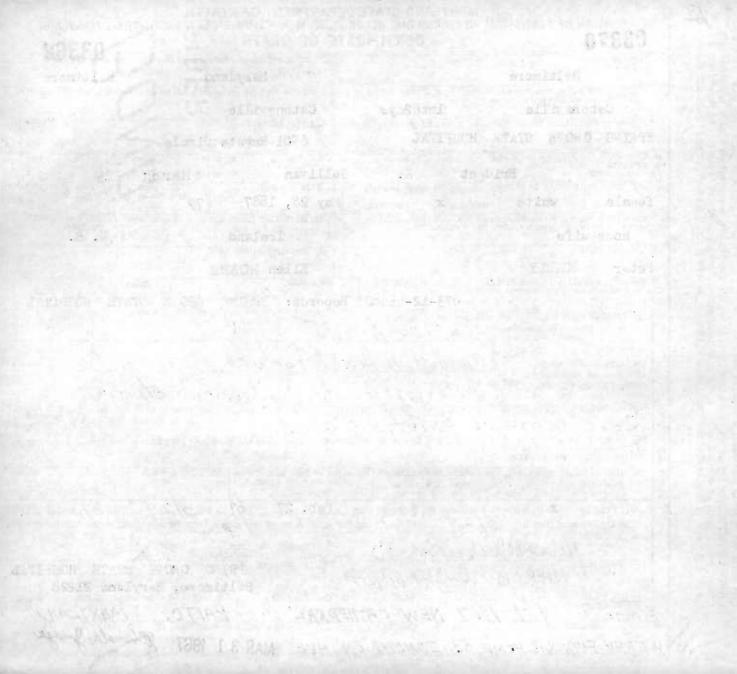
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within 24 rely filled in paper 1, within 72			NAME OF First DECEASED Type or print)  MINNIE	Elsie S	troh 4. DATE OF DEATH	march 30 1967
campletely nave detections		5.	SEX 6. COLOR OR RACE 7. M	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. A	GE (In yeors   IF UNDER 1 YEAR   IF UNDER 24 HRS. ast birthday)   Months   Days   Hours   Min.
that the death certificate be executed within 24 haurs an.  by the attending physician and campletely filled in by ransit permit. Then please remare and papers. Prematian, or remayal, and in any event, within 72 haur.		10a duri	USUAL OCCUPATION (Give kind of wark dane ng most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Department Store.	11. 8IRT PLACE (County & State, ar foreig	n country)  12. CITIZEN OF WHAT COUNTRY? U. J.
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attending permit. The			WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates of servi	(e) aa = (a = ()	INFORMANT	Address 60 nic Home
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出る海上十		CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	205. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Part I or Part II	af item 18.)
IG PHYSIC the haspi or this cert detached ite Dept. a		MEDICAL	20c. TIME OF INJURY Month, Day, Yeor Haur a.m. p.m. 19		CE OF INJURY (Home, farm, tary, street, office bldg., etc.)	ity or town) (County) (State)
TENDIN ined by IR: Afte auld be the Sto			21. I certify that (1) (this hospital saw the deceased alive on	attended the deceased fram 1967, and the	it death occurred of 30AM, f	ram causes and on the date stoted obove.
OR AT DE retail OIRECTO e 3 sho			220. SIGNATURE J. Han	mel MD M		STAFF PHYS. D 3/30/67.
TO HOSPITAL OR Page 4 may be to FUNERAL DIR director, page 3 shauld be filed	1		22c. PHYSICIAN'S NAME (Type) JAMSK	HO HAMED.	22d. ADDRESS MASONI	( HOME GCKing, Vale
Page 4 mr. To FUNER director, shauld b			BURIAL, CREMATION, REMOVAL (Specify) Burial 4-1-67	23c. NAME OF CEMETERY OR Loudon, Balt	imore	ION (City or Town) (Caunty) (State)
VR A15 (4) 20 M 1/66	M	24	WHERE CREWR-Brooks Tows	on, Towson, Md. 21	204 250. REC'D BY REGISTRAR 196	25b REGISTRAR'S SIGNATURE



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03370 CERTIFICATE OF DEATH and 2 death. funeral 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY s. Pages 1 hours after Baltimore Baltimore Maryland MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by Catons ville 1mth 2dvs Catonsville .= filled in papers. in 72 ho d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? SPRING GROVE STATE HOSPITAL within 6501 Retrate Circle NO V YES attending physician and completely rmit. Then please remove carbon p., or removal, and in any event, within executed within 3. NAME DE First Middle Last Month Day Year DECEASED (Type or print) Bridget K. Sullivan DEATH March 29 19 6. COLOR OR RACE | 7. MARRIED 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | F UNDER 24 HRS. NEVER MARRIED last birthday) Months I 28, 1887 Days Hours female white May WIDOWED A 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even If retired) INDUSTRY COUNTRY? housewife Ireland S. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME KELLY Peter Ellen HOARE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? d by the attend transit permit. cremation, or n 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service) 073-12-4568D HOSPITAL Records: SPRING GRO VE STATE CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN been signed by t the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PHYSICIAN: The law requires that the hospital or attending physician. Cenditions, If any, which gave rise to immediate has been as the l DUE TO cause (a), stating underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. for use Health certificate 9 NO YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OCCURRED. (Enter nature of Injury In Part | or Part || of Item 18.) FUNERAL DIRECTOR: After this certificator, page 3 should be detached fould be filed with the State Dept. of CAL TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. MEDI While Not While TO HOSPITAL OR ATTENDING Page 4 may be retained by p.m. 19 at work at work 1967 Feb. 21. I certify that (this hospital) attended the deceased from and that death occurred at 4.33 M, from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF M.D. DIRECTOR PHYS. PHYS. PHYSICIAN'S TO FUNERAL director, p 22c. 22d. ADDRESS GRO STATE HOSPITAL NAME (Type) Baltimore, Maryland 21 23d. LOCATION (City, town or county) 21228 BURIAL, CREMATION, CEMETERY OR CREMATORY (State) REMOVAL (Specify) FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S VR AIS (4) 20M 1/65



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MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CFRTIFICATE OF DEATH

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F DEATH

	PLACE OF DEATH a. COUNTY			4440	(1.1.15)	2. USUAL RESIDENC a. STATE	E (Where dec		UNTY A	e befare admission)
-	Baltimore	If outside carparate limit		MARY c. LENGTH OF STAY II		Maryland c. CITY OR TOWN (I	f outside carn	arate limits write 5	DIPAL and give	negreet town)
		give nearest tawn)		C. ELHOIT OF SIA?					CONAL UNIO 9146	nediesi idwiij
H	d. NAME OF HOSPIT	AL OR INSTITUTION (If no	it in hospital a	ive street address)		Baltimore d. STREET ADDRESS	B KIKI	۷		e. IS RESIDENCE
		h Hospital	ii iii nospiiai, g	11001 addition		6625 Lock	h Rave	n Blvd.		ON A FARM? YES NO
3.	NAME OF	Fi	st	Middle		Last	4. DATI		onth	Doy Year
	(Type or print)	Rol	pert	Tracey		Taylor	OF DEAT	н Ма	arch	20. 19 67
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	K B	. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR   IF UNDER 24 HRS.
	Male	White	WIDOWED	DIVORCED	M	arch 20, ]	1967	last birthday) yrs.	Months	Days Hours Min.
		(Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (Cau	inty & State, or	foreign country)		ZEN OF WHAT
au	ring most of working	ille, even it retired)	INI	DUSTRY		Towson,	Maryla	and	COU	JNTRY?
13	. FATHER'S NAME					14. MOTHER'S MAIDE	EN NAME			
	Insle	y, Raymond				Tracey,	Kathle	en		
15	. WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give wor or dates of	16. 5	OCIAL SECURITY NO.	17. II	FORMANT	- 170		dress	
1 (1	es, no, or unknown)	(it yes give wor or dates o	i zervice)							
		EATH (Enter only one cou	se per line far	(a), (b), and (c).)						INTERVAL BETWEEN
	PART I. DEAT	TH WAS CAUSED BY:  IMMEDIATE CAUSE	(a) I	mmaturity				Tarent V		ONSET AND DEATH
	776x	DUE			34.45					
	Conditions, if ony,		(b)							
	rise to immediat stating the under		TO							
	last.	)	(c)							
CERTIFICATION	PART II. OTHER SI	GNIFICANT CONDITIONS C	ONTRIBUTING T	O DEATH BUT NOT RELA	ATED TO T	HE TERMINAL DISEASE	CONDITION G	VEN IN PART 1(a)		19. WAS AUTOPSY PERFORMED?
IN SECTION	20a. ACCIDENT WAS		205. DES	CRIBE HOW INJURY OC	CURRED. (	Enter nature of injury	in Part I or F	art II of item 18.)	A 1911	
		CAUSE OF DEATH MEDICAL EXAMINER)								
MEDICAL		JRY Month, Day, Yeor		JURY OCCURRED		E OF INJURY (Home, f		(City or town)	(Cour	nty) (Stote)
ME	Haur a.n p.n	10	While at work	Not While at wark	tacto	ry, street, affice bldg., e	erc.)			
	21. I certi	fy that (this has	pitol) ottend	led the deceosed	from M	arch 20,	, 19 67,	to March	20, 196	Z, that II) (we) last
	saw the de	eceased alive an_1	larch 2	0, 19.67,	and that	death accurred	at 9 A.	M, fram cause	s and on th	e date stated above.
	22a. SIGNATURE	. V	Y	TA		ATTENDING	MED.	STAFF		TE SIGNED
13		Jose 4.	AC	mV	M.D	PHYS.	DIRECTOR	PHYS.	x Marc	ch 20, 1967
	22c. PHYSICIAN'S NAME (Type)		o. M.D			22d. ADDRESS 7620 Yor	k Rd	Towson,	Md 21	20/1
22	DUDIAL CDESATIO				TERV OR C					
23	BURIAL, CREMATIC REMOVAL (Specify Burial			23c. NAME OF CEME Loudon				LOCATION (City or )		(County) (Stote)
2							EC'D BY REGIS		REGISTRAR'S SIC	GNATURE
1	FUNERAL DIRECTO	F. D 41	OI Edmo	ndson Ave.	•	250. 1	MAR 9		Climal	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the forneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

Page 4 may be retained by the haspital ar attending physician.

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### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03375 CERTIFICATE OF DEATH **ATTENDING PHYSICIAN:** The law requires thot the deoth certificate be executed within 24 hours after death. the funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission). a. COUNTY o. STATE b. COUNTY MARYTAND BALTIMORE hours after MARYLAND b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) 68 DAYS FORT HOWARD BALTIMORE illed in bappers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? event, within 72 filled i 2139 N. SMALLWOOD STREET VETERANS ADMINISTRATION HOSPITAL NOX YES NAME OF First Middle 4. DATE Day Year completely DECEASED 19 67 THOMAS FREDERICK M. MARCH (Type ar print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS and comp last birthday) Manths Hours MARCH 4. 1893 any MALE NEGRO WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during mast of warking life, even if retired) and INDUSTRY COUNTRY? physician ien please BALTIMORE, MARYLAND II.S.A WATTER PRIVATE CLUB 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME removol JOHN THOMAS MARGARET SHEPPERSON IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, na, or unknown) ((If yes give war ar dates af service) 0 215 07 09 20 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES crematian. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) buriol-tronsit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH SEPTICEMIA IMMEDIATE CAUSE (a) by the hospital or attending physician. DUE TO COLIFORM BACTERIA WEEKS Conditions, if ony, which gove rise ta immediate cause (a). DUE TO stating the underlying couse os the prior to WEEKS CYSTITIS, CHRONIC last. has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? ADENOCARCINOMA OF PROSTATE NO certificate 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) 20c. TIME OF INJURY Month, Day, Year (City or town) (State) Haur 'a.m. foctory, street, office blda., etc.) Not While at wark to 3/9/67 21. I certify that (1) (this haspital) attended the deceased fram 30/67 19 . 19___, that XPX (we) last Page 4 moy be retained be filed with the 6 and that death accurred all 2:35 PM, from causes and an the date stated above DIRECTOR: saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED ATTENDING 3/9/67 M.D. DIRECTOR PHYS. X 22d. ADDRESS 22c. PHYSICIAN'S TO FUNERAL NAME (Type) JORGE A. FABARA, M. D. VAH FT HOWARD, MARYIAND should t 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
BURTAL BALTIMORE NATIONAL BALTIMORE, MARYLAND 24. FUNERAL DIRECTOR REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR would VR A15 (4) 25M 1/67

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# TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health priar to burial, cremation, or removal, and in any event, within 72 hours after deat Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	03376			CERTIFICA	ATE (	OF DEATH			0336	86	
1.	PLACE OF DEATH o. COUNTY Bal time	ore		MARYLAND		o. STATE Md.	Where deceos	b COUN		before odmis	sion)
	b. CITY OR TOWN (	f outside corporate limit give pearest town)	5,	c. LENGTH OF STAY IN 1b	C	603 Wildw		te limits, write RUR	AL ond give n		0-4
	d. NAME OF HOSPITA Summit	AL OR INSTITUTION (If no Nursing Hon	ot in hospitol, g	give street oddress)	d	STREET ADDRESS 603 Wildw	ood Pa	rkway		e. IS RES	SIDENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	Marga	re <b>t</b>	Middle Ann	Т	lost ipman	4. DATE OF DEATH	Month March	13	Doy 1	Year 9 67
5. F	SEX	6. COLOR OR RACE Cauc.	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	8. [	Jan. 15,		lost birthdoy) 82 yrs.	Months D	eys Hours	DER 24 HRS. Min.
	o. USUAL OCCUPATION ring most of working Housew			ND OF BUSINESS OR DUSTRY	1	1. BIRTHPLACE (County Mary)		eign country)	12. CITIZE COUN	EN OF WHAT TRY? USA	
		rles Fethe					rgaret	Bardrof			
1S (Y	. WAS DECEASED EVE es, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give wor or dotes)	of service)	SOCIAL SECURITY NO.	17. INFO	RMANT S Kather Dli Woodla	ine De	enbo Addre - 21207			533
		ATH (Enter only one con IH WAS CAUSED BY: IMMEDIATE CAUSE	100	(o), (b), ope (c).)	ea	las Coll	ako	7		INTERVAL B ONSET AND	DEATH
	Conditions, if ony, rise to immediat	e couse (a)	(b) 80 f	od Vegica	ely	testulk		A Bremelin		4-112	H.
	stoting the under	)	(c) CO-	Coclone	1,	Troubles of the second	TO THE COURT	W W 8187 1/ 1		I 10 MAE AL	ITODEV
ICATION		· Ge	neras	o death but not related	0 6	uleson	ija.			19. WAS AL PERFOR YES	NO _
MEDICAL CERTIFICATION	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)		SCRIBE HOW INJURY OCCUR							
MEDIC	20c. TIME OF INJU Hour o.n p.n	10	20d. In While of work	Not While		F INJURY (Home, form street, office bldg., etc.)		(City or town)	(Count	у)	(Stote)
	saw the de	ceased alive an_	pital) attend	ded the deceased fran 1967, and		eath accurred at	967 N		and an the		
	22o. SIGNATURE	Mulay	1/20	lager	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE	SIGNED 14/6	7.
	22c. PHYSICIAN'S NAME (Type)	D. 1.	Alagia					ck Avenue			
L	o. BURIAL, CREMATIC REMOVAL (Specify Burial	3-16		23c. NAME OF CEMETERY Loudon Pa		Cem.	Bal	CATION (City or Tov.	Md.		(Stote)
2	4. FUNERAL DIRECTO	R F. D 4	101 Edm	andson Ave.		2So. REC'E	BY REGISTR		GISTRAR'S SIGN		

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	MAKILANU SIAIE DEI	PAKIMENI OF NEALIN	
Division of STATISTICAL RESE	ARCH AND RECORDS, 301	W. PRESTON STREET, BALTIMORE, MARYLAND	21201
177	CEDTIFICATE	OF DEATH	

	0337	6		CEKTIFIC	AIL	OF DEATH			0.3	136	9	
1.	PLACE OF DEATH					2. USUAL RESIDENCE (	Where deceos			e before	odmissio	n)
	o. COUNTY	Baltimore		MARYLA	ND	o. STATE Mary	land	b. COU		ltim	nore	
	b. CITY OR TOWN	(If outside corporate limi	ts,	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (If ou	utside corporo	te limits, write RUF	RAL ond give	neorest	town)	
	Baltimor	d give nearest tawn)		years	113	Valley View	w Apts	. Tows	on	13	-1	
		TAL OR INSTITUTION (If n	ot in hospital, g	ive street oddress)	71	d. STREET ADDRESS				6	ON A FA	ENCE
	Armacos	t Nursing 1	Home			7736 Green	nway T	errace		Y		NO X
3.	NAME OF DECEASED	F	irst	Middle		Lost	4. DATE	Mont	h	Doy	Yeo	ır
	(Type or print)	ELIZABE'	CH	В.	TIP.		DEATH	March 17	, 196		19	
S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH	9.	. AGE (In years lost birthdoy)	Months 1	YEAR Doys	IF UNDER Hours	24 HRS. Min.
	female	white	WIDOWED	DIVORCED		Aug. 25, 188	86	80 yrs.				min.
10	o. USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (County	& Stote, or for	reign country)		IZEN OF JNTRY?	WHAT	
	ring most of working Homemak	er		ome		Maryland				U.S	S.A.	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME					
		Barrett				Elizab	eth M	lorris		100	3-4	3-90
15 (V	. WAS DECEASED EV	ER IN U.S. ARMED FORCES	of service) 16.	SOCIAL SECURITY NO.		NFORMANT		Addre				
1,	No dikilowij	(If yes give wor or dotes	22	0-44-1575	Jol	hn H. Hisse	y, 131	l Fideli	ty Blo	dg.,	Bal	to.
	Conditions, if ony rise to immedio stoting the under last.	y, which gove te couse (o), erlying couse	(c)	terio	-4	Sclero	sés	, .				1
CATION	PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING 1	O DEATH BUT NOT RELATE	ED TO T	HE TERMINAL DISEASE CO	NDITION GIVE	N IN PART 1(o)			WAS AUTO PERFORMI S	PSY ED? NO
L CERTIFICATION	OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCU	JRRED. (	Enter noture of injury in	Port I or Port	t II of item 18.)				
MEDICAL	Hour o.	URY Month, Day, Yeor m. m. 19	20d. If While ot work	Not While		E OF INJURY (Home, forn ory, street, office bldg., etc.		(City or town)	(Cou	nty)	(:	Stote)
	21. I certify that (I) (this haspital) attended the deceased fram 1929, to 1920, to 1920 that (I) (we) la saw the deceased alive on 1920, and that death accurred at 1920, fram causes and an the date stated above											
	Charles OF, Cece M.D. ATTENDING   MED. STAFF   M.D. PHYS.   DIRECTOR   STAFF   M.D. PHYS.									pate signed rch 20, 1967		
	22c. PHYSICIAN' NAME (Type		H. Reie	r, M.D.		6701 York	Road,	Baltimo	re, Ma	aryl	and	
Н	o. BURIAL, CREMATI REMOVAL (Specifi Burial	ON, 23b. DATE TH y) Mar.21		23c. NAME OF CEMETER Arlington				CATION (City or To		(County) nia	(S1	tote)
		Brooks Tow	non 10	50 VADDRESS POR	d	21204 MAR	D BY REGISTR		GISTRAR'S SIL	GNATUR	ye.	

ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death ... UNERAL DIRECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral arrector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer deal should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours offer deal may be retoined by the hospitol or attending physicion.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY Baltimore Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) oon papers. Pag within 72 hours hours Towson Towson Ξ. filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Carolina Road 1102 Carolina Road NO S 402 YES etely be executed within 3. NAME OF First Middle Last DATE Month Day Year DECFASED remove carb n applevent, v Peter DEATH 67 (Type or print) Traynor Sr March 19 5. SEX DATE OF BIRTH AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS. 6. COLOR OR RACE 9. 7. MARRIED X NEVER MARRIED last birthday) Months I Davs Hours 8 WIDOWED 9 /1 883 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done I 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT physician n please re val, and in 11. BIRTHPLACE (County & State, or foreign country) = during most of working life, even if retired) COUNTRY? Electrical Retired-Engineer Kansas certificate removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME John H. Traynor Elizabeth Willoughby 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 5 (Yes, no. or unkown) (If yes give war or dates of service) death d by the atte transit permit cremation, or (Same Mrs. Ella D. Traynor No INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ] ONSET AND DEATH signed by urrial-transit PART I. DEATH WAS CAUSED BY: PHYSICIAN: The law requires that to the hospital or attending physician. IMMEDIATE CAUSE (a) been signed the burial-tr or to burial, o DUE TO Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating prior underlying cause last, (c) certificate has as CERTIFICATION 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? NO E YES DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING I of OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Page 4 may be retained 5. This ce director, page 3 should be detache director, page 10 should be detache 11 he filed with the State Dept. Dept. MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While et work ATTENDING at work 21. I certify that (I) (this hospital) attended the deceased from 196 \$ 1967, and that death occurred at 544M, from the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR M.D. PHYS. 22d. ADDRESS PHYSICIAN'S Pentridge Road 1501 NAME (Type) Dr. Allan A. Spier LOCATION (City, town or county) (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 2 Hillcrest Burial Park Cumberland, Burial REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS H.W. Jenkins Sons Co. VR A15 (4) 15M 4-64

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1 9	DIVISION OF	VITAL RECORDS, 301 W. PRESTON		RYLAND 21201
£ 2.5	93379	CERTIFICATE	OF DEATH	03371
death.	1. PLACE OF DEATH a. COUNTY T		2. USUAL RESIDENCE (Where dece	used lived, if institution: Residence before admission) b. COUNTY
the funera	BACIMORE	MARYLAND	MARYLANI	BACIMORE
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Page O Fu	23a. BURIAL, CREMATION, 23b. DATE THEREO 3/22/67			altimore, Maryland
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH the deoth certificate be executed within 24 hours ofter deoth. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residual Commission) by the funeral . Pages 1 and PLACE OF DEATH popers. Pages 1 and Min 72 hours after deat o. COUNTY LTIMORE MARYIAND BALTIMORE b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) OW INC. C d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e IS RESIDENCE ON A FARM? GREATER BALTIMORE MEDICAL CENTRE BOX299 YES NO IZ corbon partition First Lost DATE Month Doy Year DECEASED GEORGE VAND ERVEER GLOVER MARCH 196 DEATH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE AGE (In years NEVER MARRIED Months Dovs Hours ond in ony WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) physicion o during most of working life, even if retired) INDUSTRY COUNTRY? LONG ISLAND EXECUTIVE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremation, or removal, LOTTIE BAIR 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dates of service MRS. MIRIAM B VANDERVEER 7-1007 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEE signed by the buriol-transit p ONSET AND DEATH The law requires that IMMEDIATE CAUSE (o) Page 4 moy be retained by the hospital or attending physician. DUF TO Conditions, if ony, which gove (b) rise to immediate cause (a), DUF TO stoting the underlying couse has been ue aerached for use as the State Dept. of Health prior to last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO DO certificate PHYSICIAN: 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) TO FUNERAL DIRECTOR: After this Not While Hour 'o.m. foctory, street, office bldg., etc.) ot work 21. I certify that (1) (this haspital) attended the deceased fram thatch 20, 19 04, to march 21, 1967 that (1) (we) last saw the deceased alive an March 21 1967, and that death accurred at 11.05°M, fram causes and an the date stated above 22o. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. PHYS DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) REGOR. 23o. BURIAL, CREMATION, 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) Cremation 22/1967 Baltimore. Greenmount Md. 24. FUNERAL DIRECTOR H.W.Jenkins 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Sons Co. VR A15 (4) 25M 1/67 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21201 03385 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Maryland o. COUNTY Baltimore b. COUNTY Baltimore MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 21204 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? form 809 Shelley Road St. Joseph's Hospital 24 haurs after death. I in Item 18. Give Pages NO X e certificate, writing the word "pending" in pencil in Item 18. Give Pag should be farwarded to the Chief Medical Examiner's Office alang with 3. NAME OF First Middle Lost 4. DATE Month Year DECEASED WILLIAM JOSEPH VERRIER 19 67. March 27. DEATH (Type or print) IF UNDER I YEAR AGE (In years IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH lost hirthdoy) Months White Male Nov. 6. 1902. WIDOWED DIVORCED X crematian, ar remayal, and in any event within 72 haurs after death 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) Balto. County COUNTRY? Mass. be executed within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lucinda Gauthier Joseph Verrie 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes give wor or dotes of service) 215-12-3308 Mrs. Mary Sabella (Same) 1B. CAUSE OF DEATH (Enter only one couse per INTERVAL BETWEEN (b), ond (c). ONSET AND DEAL PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) This certificate shauld DUF TO Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse be used 19. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) YES 1 NO 20a. EXTERNAL CAUSE WAS PRIMARY □ ar CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 3 should CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) Hour o.m. Not While factory, street, office bldg., etc.) ot work ot work 21. I certify that I took charge of the remains described above, held on Autopsy Inquiry Inspection 1 ond in my opinion Suicide [ deoth resulted-from: Natural couses Accident Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER 22. DAYE SIGNED ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) O'DONNELL, M.D. 23c. NAME OF CEMETERY OR CREMATORY
Greenmount Crematory 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 0 13/67. Baltimore, Md. REMOVAL (Specify) Cremation 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** VR A15ME (F Leonard J. Ruck, Inc. Balto. Md. 21214 6M 1/67

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# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03386 CERTIFICATE OF DEATH and 2 death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de a. COUNTY a. STATE b. COUNTY RALTIMORE MARYLAND MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 63 DAYS BALTIMORE - 21217 __ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? within 72 filled 585 PRESSTMAN STREET VETERANS ADMINISTRATION HOSPITAL NO X NAME OF remove carban First Last 4. DATE Day Year DECEASED 19 67 WADE MARCH .TAMES (Type or print) and in any event, DEATH S. SEX 9. AGE (In years 6. COLOR OR RACE 8. DATE OF SIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED **NEVER MARRIED** irthday) Months NOVEMBER 1,1909 MALE NEGRO WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) COMPANY BALTIMORE, MARYLAND WAREHOUSEMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remava FLORENCE WASHINGTON HARRY WADE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, na, ar unknawn) (If yes give war or dates of service) 218 10 55 80 CLIN. RECORDS, VA HOSPITAL, FT HOWARD, MD. YES WW 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

REQUIREMENT. INTERVAL BETWEEN OWKNOWN BRONCHOGENIC CARCINOMA RIGHT UPPER LOBE IMMEDIATE CAUSE (a) Canditions, if any, which gave (b) ATELECTASIS AND INFARCTION OF RIGHT LOWER LOBE. RT LUNG rise to immediate cause (a), DUE TO stating the underlying cause BRONCHOPNEUMONIA as been as the priar ta last. PULMONARY EDEMA AND CONGESTION OF LEFT LUNG PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS certificate has PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Hame, form, (City or town) (State) (County) Hour 'a.m. factory, street, affice bldg., etc.) of work 21. I certify that \$\frac{1}{2}\$) (this hospital) attended the deceased fram 1, saw the deceased glive on 3/29/67 19, and that , 19____, that (we) last and that death accurred at 2:30AM, fram causes and an the date stated obave TO FUNERAL DIRECTOR: saw the deceased alive on SIGNATURE 22b. DATE SIGNED STAFF PHYS. 3/29/67 X M.D. DIRECTOR 222 PHYSICIAN'S 22d. ADDRESS director, pa shauld be f NAME (Type) VAH FORT HOWARD. MARYLAND MILTON GINSBERG. 23d. LOCATION (City or Town) **8URIAL, CREMATION** 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) REMOVAL (Specify) BALTIMORE". MARYLAND BALTIMORE NATIONAL FUNERAL DIRECTOR

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	e. COONTT	Baltimore		MARYLAND	e. STATE	d.	b. COUN	NTY	V
	b. CITY OR TOWN write RURAL er	(if outside corporete limit and give neerest town)		c. LENGTH OF STAY IN 16	c. CITY OR TOWN		rate limits, writ	e RURAL end giv	e neerest town
	Town	son				Baltimor	e # 21	224 .	30.4
		PITAL OR INSTITUTION (i			d. STREET ADDRES	S			e. IS RES
-		y - Towson	Nurs 11		643 S.	Oldhan	-		YES _
3.	NAME OF DECEASED	First		Middle	Last	4. DATE OF	Mont	-	
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3.	Mark to the second	6. COLOR OR RACE		TE ITER MANAGED	B. DATE OF BIRTH	9.	lest birthdey)	Months Deys	_
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9	lone during most of w	vorking life, even if retire	d)		KT II. BIRTHPLACE (CO	unity of stere, or i	oreign country)	1.00	
11	Retire	ed	Hou	se Work	Czecho	slovaki	9.	U.	S.A.
1	. TAILLY S HAME				14. MOTHER 3 MAIDE	IA IAUME			
15	WAS DECEASED E	John Re		OCIAL SECURITY NO.   17.	INFORMANT	ia ?	Addres		
		(If yes give were rdetes of se		OCIAL SECURITY NO. 17.	INIORMANI		Address	3	
=	No	DERENT IE-		J	ohn J. Wall	ner	Same		NITEDAZAL DĚT
		DEATH [Enter only one TH WAS CAUSED BY:	ceuse per lir	ne for (e), (b), end (c).	1141	- 1			NTERVAL BET
	111 00	IMMEDIATE CAUSE (e)_	(0	regestive,	year /	action	re	-	/eve
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7	geve rise to imme (e), steting the ceuse last.	diete ceuse underlying DUE TO	TIONS CONT	Chronites	TEMPO	Lus	CONDITION GIV	VEN IN DADT 1(a)	LUCE WAS
TION	geve rise to imme (e), steting the ceuse last.	diete ceuse underlying DUE TO	TIONS CONT	RIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE C	CONDITION GIV	VEN IN PART 1(e)	PERFO
FICATION	geve rise to imme (e), steting the ceuse last.	diete ceuse underlying DUE TO (c) ER SIGNIFICANT CONDIT						VEN IN PART 1(e)	19. WAS A PERFO
ERTIFICATION	geve rise to imme (e), steting the ceuse last.	diete ceuse underlying  DUE TO  (c)  ER SIGNIFICANT CONDIT  WAS UNDERLYING  G  CAUSE OF DEATH		RIBUTING TO DEATH BUT NO				VEN IN PART 1(e)	PERFO
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MEDICAL CERTIFICATION	geve rise to imme (e), steting the ceuse last.  PART II. OTH  20e. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF  20c. TIME OF INJ Hour e.m.	diete ceuse underlying DUE TO (c) ER SIGNIFICANT CONDITION OF CONDITIO	20b. DESC ar 20d. IN While et work	UURY OCCURRED 200. PL	ED. (Enter neture of injury  ACE OF INJURY (Home, fetory, street, office bldg., e	in Pert I or Part I	I of item 1B.) or town)		YES T
	20e. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF INJ Hour e.m. p.m.	diete ceuse underlying DUE TO  (c)  ER SIGNIFICANT CONDIT  WAS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)  IURY Month, Dey, Yee  19  that (I) (this hospit	20b. DESC ar 20d. IN While et work	UURY OCCURRED 200. PL	ED. (Enter neture of injury  ACE OF INJURY (Home, fetory, street, office bldg., e	in Pert I or Part I	I of item 1B.) or town)	(County)	YES PERFO
MEDICAL CERTIFICATION	geve rise to imme (e), steting the ceuse last.  PART II. OTH  20e. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF INJ Hour e.m. p.m. 21. I certify saw the deces	diete ceuse underlying DUE TO  (c)  ER SIGNIFICANT CONDIT  WAS UNDERLYING GGCAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Dey, Yee  19  that (I) (this hospit ased alive on	20b. DESC ar 20d. IN While et work	UURY OCCURRED 200. PL	ED. (Enter neture of injury  ACE OF INJURY (Home, fetory, street, office bldg., e	in Pert I or Part I	I of item 1B.) or town)		YES That (I) (ate stated
	20e. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF INJ Hour e.m. p.m.	diete ceuse underlying DUE TO  (c)  ER SIGNIFICANT CONDIT  WAS UNDERLYING GGCAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Dey, Yee  19  that (I) (this hospit ased alive on	20b. DESC ar 20d. IN While et work	SRIBE HOW INJURY OCCURRED JONE PLANT STATE OF THE PROPERTY OF	ACE OF INJURY (Home, fectory, street, office bldg., edeath occurred at	in Pert I or Part I or Par	or lown)  or lown)  the causes	(County)	YES PERFO
	20e. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF IND.  21. I certify saw the decer  22a. SIGNATURE	diete ceuse underlying DUE TO (c) ER SIGNIFICANT CONDITION  WAS UNDERLYING GAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Dey, Yee  19  that (I) (this hospit assed alive on	20b. DESC ar 20d. IN While et work	SRIBE HOW INJURY OCCURRED JONE PLANT STATE OF THE PROPERTY OF	ACE OF INJURY (Home, fectory, street, office bldg., edeath occurred at	in Pert I or Part I  orm, 20f. (City ic.) 70.  71.  72.  73.  74.  75.	or town)	(County)	YES That (I)
	geve rise to imme (e), steting the ceuse last.  PART II. OTH  20e. ACCIDENT VOR CONTRIBUTION (IF EITHER, NOTIF  20c. TIME OF INJ Hour e.m. p.m. 21. I certify saw the deces	diete ceuse underlying DUE TO (c) ER SIGNIFICANT CONDITION (C) ER SIGNIFICANT CONDITION (C) ER SIGNIFICANT CONDITION (C) ER SIGNIFICANT CONDITION (C) ER SIGNIFICANT	20b. DESC ar 20d. In While et work tall) attend	HJURY OCCURRED 20e. PL. fec et work ed the deceased from	ACE OF INJURY (Home, fectory, street, office bldg., edeath occurred at	in Pert I or Part I or Par	or lown)  or lown)  the causes and start phys.	(County)	PERFCYES THE PERFCY YES THE PERFCY Y
MEDICAL	geve rise to imme (e), stelling the ceuse last.  PART II. OTH  20e. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF IN) Hour e.m. p.m. 21. I certify saw the decei 22a. SIGNATURE  22c. PHYSICIAN' NAME (Typ	diete ceuse underlying DUE TO (c)  ER SIGNIFICANT CONDITION  WAS UNDERLYING GCAUSE OF DEATH Y MEDICAL EXAMINER)  JURY Month, Dey, Yes 19  that (I) (this hospit ased alive on	20b. DESC ar 20d. In While et work (al) attend 3./2.7.	UURY OCCURRED 200. PLA fec et work 19	ACE OF INJURY (Home, fetory, street, office bldg., ed)  death occurred at  ATTENDING PHYS.  22d. ADDRESS  200 W.	20f. (City 10.) 20f. (City 10.	or town)  or town  or town  staff PHYS.	(County)  19 and on the d	that (I) (ate stated
MEDICAL	geve rise to imme (e), stelling the ceuse last.  PART II. OTH  20e. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF  20c. TIME OF INJ Hour e.m. p.m.  21. I certify saw the deces 22a. SIGNATURE	diete ceuse underlying DUE TO  ER SIGNIFICANT CONDITION  WAS UNDERLYING GARAGE CAUSE OF DEATH  Y MEDICAL EXAMINER)  JURY Month, Dey, Year  that (I) (this hospit ased alive on	20b. DESC ar 20d. In While et work	JURY OCCURRED 200. PLA  Not While et work 19. And that  A  OK  23c. NAME OF CEMETERY	ACE OF INJURY (Home, fectory, street, office bldg., edath occurred at  ATTENDING PHYS.  22d. ADDRESS 200 W.	20f. (City po.)  10 AO Po.  MED. DIRECTOR  Pennsyl  23d. LOCA	or town)  or town)  the causes:  STAFF PHYS.   Tania A  TION (Gity, to	(County)  19 and on the d  Ve., Town who or county)	res
WEDICAL	geve rise to imme (e), stelling the ceuse last.  PART II. OTH  20e. ACCIDENT NOR CONTRIBUTION (IF EITHER, NOTH  20c. TIME OF INJ Hour e.m. p.m.  21. I certify saw the decer 22a. SIGNATURE  22c. PHYSICIAN' NAME (Typ	diete ceuse underlying DUE TO  (c)  ER SIGNIFICANT CONDITION  WAS UNDERLYING GARAGE CAUSE OF DEATH  Y MEDICAL EXAMINER)  JURY Month, Dey, Year  19  that (I) (this hospit  ased alive on	20b. DESC ar 20d. In While et work	JURY OCCURRED 200. PLA  Not While et work 19. And that  A  OK  23c. NAME OF CEMETERY	ACE OF INJURY (Home, fetory, street, office bldg., edath occurred at	prin, 20f. (City fc.) 20f. (Ci	or town)  or town)  STAFF PHYS.  Tania A  Tion (City, to	(County)  19 and on the d	that (I) ate stated

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF DEATH CERTIFICATE requires that the death certificate be executed within 24 haurs after death deat PLACE OF OEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE Maryland Baltimore b. COUNTY remave carban papers. Pages 1 pany event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give nearest tawn) Baltimore atonsville physician and campletely filled in d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Summit Nursing Home 414 Rosecroft Terrace YES 🗌 NO 3. NAME OF First Kerdock DATE Last Manth Day Year OECEASED OF Valunas 19 (Type or print) **OEATH** Jarch 9. AGE (In years S. SEX 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED -last birthday) Manths Hours June 16 1890 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, ar fareign country) during most of working life, even if retired) INDUSTRY COUNTRY? U.S.A. and Lithuanian Jewino ailorina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME crematian, ar remaval, Thomas Govelis 15. WAS OECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ((If yes give war ar dates af service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Terrace 6 Daniel Kerdock 402 Rosecroft Revenue INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) signed by the burial-transit ONSET AND OEATH PART 1. OEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital or attending physician. OUE TO burial Conditions, if any, which gave (b) rise to immediate cause (a), **OUE TO** stating the underlying cause director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior to FUNERAL DIRECTOR: After this certificate has been last. 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMEO? NO YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURREO. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. Not While foctory, street, office bldg., etc.) at wark at wark 21. I certify that (1) (this hospital) attended the deceased fram_ , 1960, to Moreh 3, 1967, that (1) (we) last Movel 3 1967, and that death accurred at 2 A, M, fram causes and an the date stated above. saw the deceased alive an_ 22b. OATE SIGNEO 22o. SIGNATURE ATTENDING M.D. OIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 1101 Maiden Choice Lane #21229 NAME (Type) Stan lev Ankudas. M.D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (Stote) 23a. BURIAL, CREMATION, 23b. DATE THEREOF (County) REMOVAL (Specify) 2Sb. REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR Kenny Inc 1600 Hollins St VR A15 (4) 20 M 1/66 Miller Judge

Sem law months, h.h. - 2.00 laive On he 20209 THE RESERVE WITH SOME THE SERVE

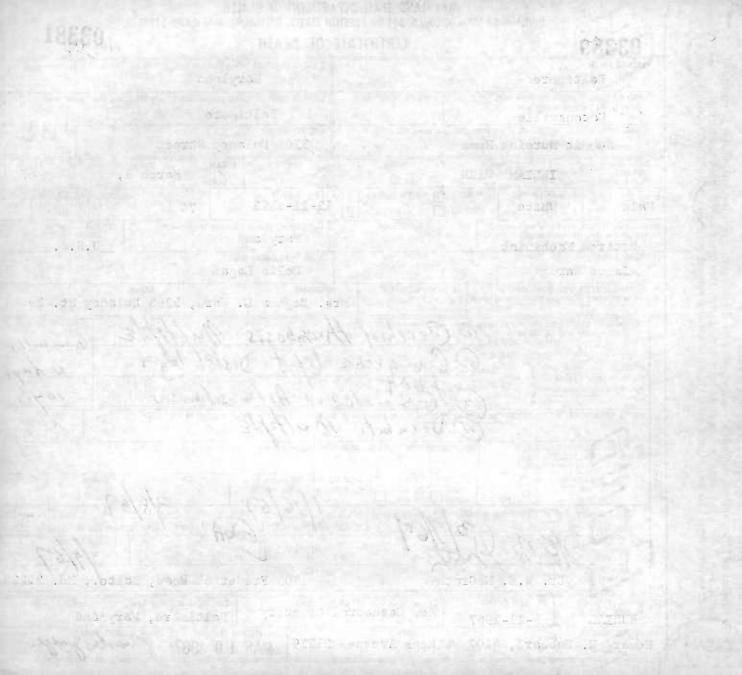
## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

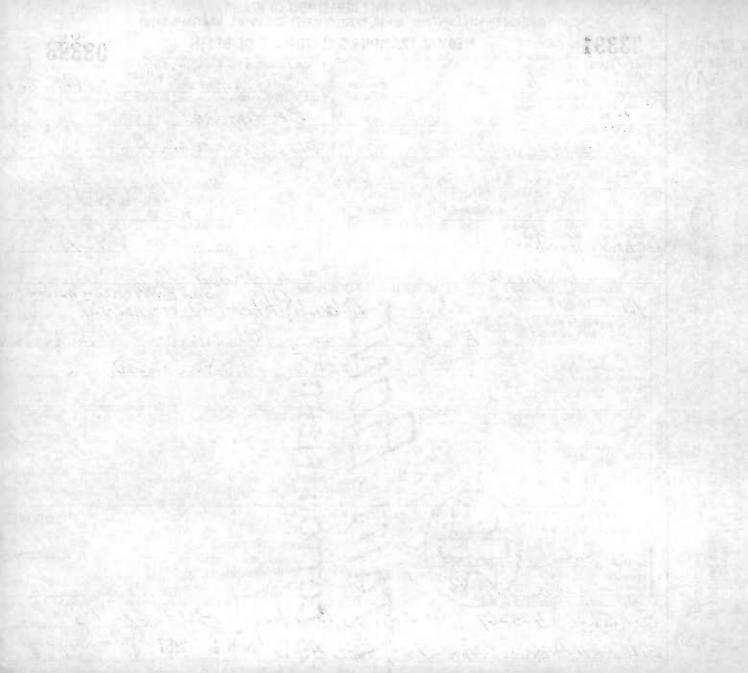
03381

	03389	CERTIFICATE	OF DEATH		09001			
	1. PLACE OF DEATH 0. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. STATE Maryland b. COUNTY					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		tside corporate limits, write RURAL and o	give neorest town)			
	Catonsville		Balt	imore	30-4			
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
0	Summit Nursing Home		3368 Dula	aney Street	YES NO			
	3. NAME OF DECEASED (Type or print) WILLIAM WARD	Middle	Lost	OF March 8,	Doy Year 19 67			
	S. SEX Male 6. COLOR OR RACE White 7. MARRIED WIDOWED		12-21-1892	de birthdoγ) Months yrs.				
	during most of working life, even if retired)  Retired Machinist	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County ) Marylan		COUNTRY? U.S.A.			
	13. FATHER'S NAME  James Ward		14. MOTHER'S MAIDEN N Delia L					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)		NFORMANT s. Regina L	. Ward, 3368 Dular	ney St. 29			
	1B. CAUSE OF DEATH (Enter only one couse per lime for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(et. 16), and (c) re/ A	rumbosis	Multiple	INTERVAL BETWEEN ONSET AND DEATH			
	Conditions, if ony, which gove rise to immediate couse (a),	orangrah E	12/ E	)15/2/ /2g +	4 days			
	stoting the underlying couse DUE TO (c)			isse/msis	10 yrs.			
3	PART II. OTHER SIGNIFICANT CONDITIONS CONTINUED IN THE	Decabiti 1	अपीयाम प		19. WAS AUTOPSY PERFORMED? YES NO			
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m.	SCRIBE HOW INJURY OCCURRED. (	Enter noture of Injury in F	Port I or Port II of item 1B.)				
	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19 20d. IN While of work	Not While focto	E OF INJURY (Home, form, ory, street office bldg., etc.)	, 20f. (City or town)	County) (Stote)			
	21. I certify that (1) (this haspital) attends aw the deceased alive an	21. I certify that (I) (this haspital) attended the deceased fram ///6/6/19 , ta //8/6, /9_, that (I) (we) last						
	220. SIGNATURE  M.D. ATTENDING  MED. STAFF  OIRECTOR DIRECTOR DIRE							
	22c. PHYSICIAN'S NAME (Type) Dr. W.E. McGrat	h	22d. ADDRESS 1303 Fre	derick Road, Balt	d., Md. 21228			
	230. BURIAL, CREMATION, REMOVAL (Specify) 3-11-1967	23c. NAME OF CEMETERY OR C New Cathedral	Cemetery	23d. LOCATION (City or Town) Baltimore, Mary	(County) (Stote)			
1	24. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wi	ADDRESS 1kens Avenue		BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE			

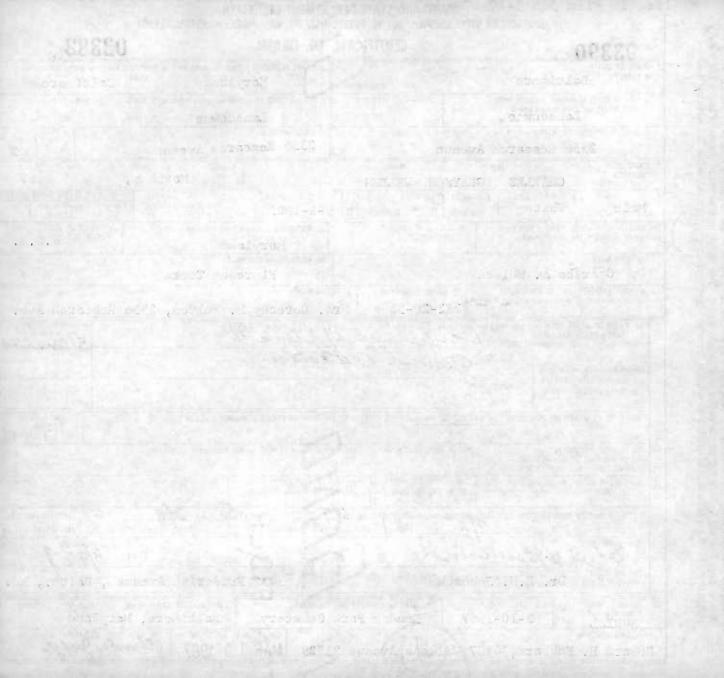
**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and shauld be filed with the State Dept. at Health priar to burial, crematian, or remaval, and in any eyec, within 72 haurs after deat



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03391 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY 9 PM3. Poge the State Deportment of MARYLAND deloy and 3 t c. CITY OR IOWN (If auxide corparate limits, write RURAL and give nearest town b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give negrest tawn) IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STRFET ADDRESS farm in Item 18. Give Poges NO P 24 hours ofter deoth. ang with NAME OF Middle DATE lost Doy Year DECEASED (Type or print) 0 DEATH 1967 OYA IF UNDER 24 HRS S. SEX 6. COLOR OR RACE IF UNDER 1 YEAR 7. MARRIED DATE OF BIRTH AGE (In years NEVER MARRIED lost birthdoy) Months I and Z wi Dovs Hours e, writing the word "pending" in pencil in Item 18. forwarded to the Chief Medical Exominer's Office al WIDOWED DIVORCED within 72 hours often death 3 yrs. 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR BIRIHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT dumamost of working life even if retired) INDUSTRY Chook pencil 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT PARE ISCO (Yes, no corunknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) buriol-tronsit event 1 SONSET AND DEATH PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (o) This certificate should writing the word DUE TO in ony Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse puo lost 05 pe nsed removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? the certificate, NO X should be 2Do. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 should PRIMARY Or CONTRIBUTING cremation, or MEDICAL EXAMINER: CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 2Df. (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge Page please execute of work at work 21. I certify that I took charge of the remains described above, held on Autopsy Inspection X ond in my opinion Inquiry Natural couses 1. deoth resulted from: Accident Suicide funerol director. Homicide Undetermined monner may be retained CHIEF MEDICAL EXAMINER 22. DATE SIGNED Health prior SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S James NAME (Type) Address (Street, city, town, or county) 23o. 8URIAL CREMATION 23d. LOCATION (City or Town) (County) (State) 0 BEMOVAL (Specify)
24. FUNERAL DIRECTOR lemeter RIC'D 8Y REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) 6M 1/67



Item 18 Film 386 3-17-67 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2, USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Baltimore Maryland Baltimore MARYLAND OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ely filled in by th bon papers. Page , within 72 hours a write RURAL and give nearest town)
Lansdowne Lansdowne d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2356 Research Avenue 2356 Research Avenue NO X carbon 3. NAME OF Middle 4. DATE First Lost Month Year campletely DECEASED March 8, 1967 GRAYSON CHARLES WELDEN (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED Jost birthdoy) Months Hours Male White 9-1-1925 and in any WIDOWED DIVORCED 30o, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles A. Welden Florence Thorn 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address Mrs. Dorothy M. Weldon, 2356 Research Ave. 212-20-5366 crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) eneral netistino burial Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse certificate has been WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) PERFORMED? Health NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work 1905 21. I certify that (1) (this hospital) attended the deceased from and that death accurred of M, fram causes and an the date stated above O FUNERAL DIRECTOR: saw the deceased alive an. 220. SIGNATURE 22b. DATE SIGNED DIRECTOR PHYS. M.D PHYS , page be filed 22c. PHYSICIAN'S TO HOSPITAL Dr. E.W. Johnson 3432 Frederick Avenue, Balto., Md. director, shauld b 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (Stote) REMOVAL (Specify) 3-10-1967 Baltimore, Maryland Loudon Park Cemetery BURIAL ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Howard H. Hubbard, 4107 Wilkens Avenue 21229



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

03392

### CERTIFICATE OF DEATH

03384

	00000	CERTIFICATE	OI DEATH		00004					
)	1. PLACE OF DEATH 0. COUNTY Baltimore	MARYLAND	CTATE	here deceosed lived, if institution b. COUN	on: Residence before odmission)					
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporote limits, write RUR	AL and give nearest town)					
	write RURAL and give neorest town) Fort Howard	ll days	Baltimo	re	30-4					
7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
	Veterans Administration	on Hospital	2204 Park	Avenue	YES NO X					
1	3. NAME OF First DECEASED (Type or print)  WILLIE	Middle JAMES V	lost WILLIAMS	4. DATE Month OF March	Doy Year 12 19 67					
	S. SEX 6. CDLOR OR RACE 7. MARRIED	NEVER MARRIED 1	B. DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.					
	Male Negro WIDOWED	DIVORCED	11/17/19	47 Jost birthdoy)	Months Doys Hours Min.					
		KIND OF BUSINESS OR INDUSTRY Liano Company		Stote, or foreign country)  Lle, S. C.	12. CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME		14. MOTHER'S MAIDEN N.							
	Joe Williams		Ethel Du	rant .						
	(Yes, no. or unknown) (If yes give wor or dates of service)		NFORMANT	Addre						
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove )  Conditions, if ony, which gove )	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  CEREBRAL HEMORRHAGE, RIGHT LATERAL VENTRICAL  ONSELAND DEATH  Conditions if any which goes 1.								
	stoting the underlying couse DUE TO	YPERTENSIVE CAR	DIOVASCULAR	DISEASE	7					
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  IAENINEC  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CHRONTI  20b. E  OR CONTRIBUTING  CAUSE OF DEATH  (FEITHER NOTICE MEDICAL CAMENTE)		HE TERMINAL DISEASE CONT ATTY LIVER)	DITION GIVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO					
	I (II CITTIEN, NOTIF I MEDICAL EXAMINEK)	DESCRIBE HOW INJURY OCCURRED. (	(Enter noture of injury in P	ort I or Port II of item 18.)						
	Hour o.m. While at wo	e Not While foctor	CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)					
	21. I certify that (K(this hospital) often saw the deceased alive on March	nded the deceased from 12 19 67, and that	March I 19 death occurred at	1:30M, fram causes of	12, 19 <u>67</u> , that (1) (we) las and an the date stated abave					
	220. SIGNATURE Le la Le	Ser M.D	). PHYS. L [	MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED 3/13/67					
	22c. PHYSICIAN'S NAME (Type) NETION NETISON	, M. D.	VA Hospit	al, Fort Howa	rd, Md.					
	230. BURIAL (CREMATION, BREMOVAL (Specify) 3/16/67	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Tov Baltimore,						
	24. FUNERAL DIRECTOR	SPORSE W. NO.	rth AVe 250. REC'D	BY REGISTRAR2Sb. RE						
	Nutter Funeral Home	Baltimore,	Md. DATE MA	R 1 4 1967 /						

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and shauld be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any eyent, within 72 haurs affer death Page 4 may be retained by the haspital ar attending physician.

VR A15 (4) C 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town The law requires that the death certificate be executed within 24 hours days. WEST MINST -1MOK d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) () d. STREET ADDRESS e. IS RESIDENCE ON A FARM BALTIMORE MEDICAL CENTRE YES NO campletely fi 3. NAME OF Middle Dov Year DECEASED (Type or print) OF DEATH CASSLE WALTER MERT. MARCH remave carb n any event, 19 S. SEX 6. COLOR OR RACE 9. AGE (In veors 7. MARRIED NEVER MARRIED Months Doys Hours 8, 23, 1880 and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? ARROLL COUN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME a crematian, ar remaval, SAMUEL WIM 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17_INFORMANT (Yes, no, or unknown) (If yes give wor or dates of service INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse 19. WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO certificate 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) (County) (Stote) Hour 'o.m. foctory, street, office bldg., etc.) 19 67, to Snahah 22, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased from March 21 director, page 3 shauld shauld be filed with the sow the deceased olive on March 22 1967, and that death occurred at 1.0PM, fram causes and on the date stated obave 22o. SIGNATURE 22b. DATE SIGNED DIRECTOR M.D. PHYS ADDRESS

REGOR

QR CREMATORY

23d. LOCATION (City or Town)

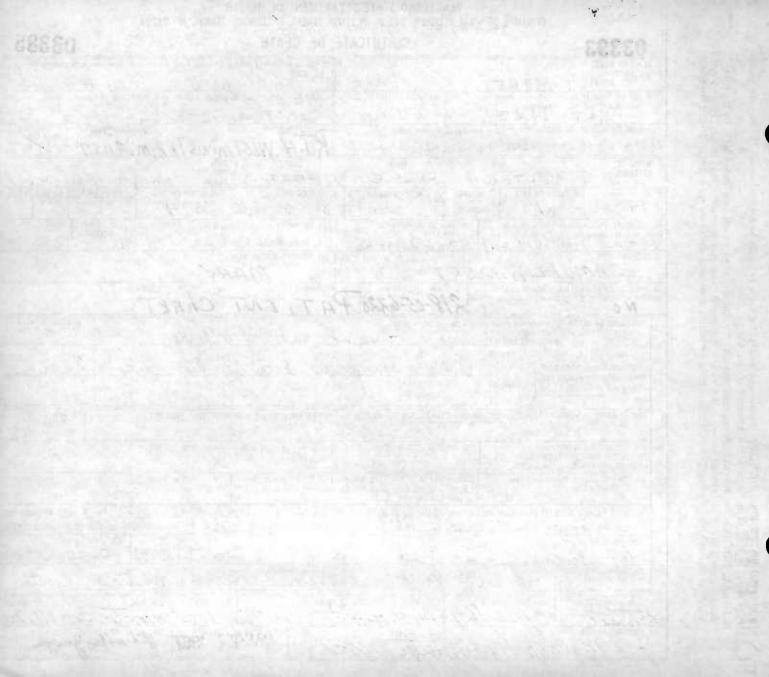
TO FUNERAL VR A15 (4) 25M 1/67 22c. PHYSICIAN'S

23o. BURIAL, CREMATION,

REMOVAL (Specify) EUNERAL DIRECTOR

NAME (Type)

23b. DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH, AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2~	03394	CERTIFICATE	OF DEATH		03387			
	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (V g. STATE Maryland	Vhere deceosed lived, if institution: f b. COUNTY	Residence before odmission)			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Towson	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporote limits, write RURAL o	and give nearest town)			
?	d. NAME OF HOSPITAL OR INSTITUTION (If not in ho St. Joseph Hospital	spitol, give street oddress)	d. STREET ADDRESS	1)2, 200 10	e. IS RESIDENCE ON A FARM? YES NO			
	3. NAME OF First	Middle	Lost	4. DATE Month	Doy Year			
	DECEASED (Type or print)  Harr	V	ZANDER	OF DEATH March	16. 1967			
ı		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR   IF UNDER 24 HRS.			
	Male White WID	DOWED DIVORCED 1	2/9/06	60 yrs.	onths Doys Hours Min.			
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, eyen if refired)  Baltimore Gas & Eletr	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County Pennsylvan	& Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
ı	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME				
-	Leonard W. Zander		Fann	ie Seidhoff				
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service)	۱۵)	nformant s. Emma J.	Address	Md.			
	IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  (c)	Cerebral Vascular  Myocardial Infar	ction		INTERVAL BETWEEN ONSET AND DEATH			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB		THE TERMINAL DISEASE CON	IDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO			
	Pulmonary Thrombo-en 200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o.m.	205. DESCRIBE HOW INJURY OCCURRED.	Enter noture of injury in	Port I or Port II of item 18.)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	p.m. 17	While of work of work of work	E OF INJURY (Home, form ory, street, office bldg., etc.)		(County) (State)			
	21. I certify that (M) (this hospital) saw the deceased alive an Mar	21. I certify that (M) (this hospital) attended the deceased fram March 3, 1967, to March 16, 1967, that (X) (we) last saw the deceased dive an March 16, 1967, and that death occurred at 9:05 M, from causes and an the date stated above.						
	22a. SIGNATURE	22a. SIGNATURE  ATTENDING  MED. STAFF PHYS. DIRECTOR PHYS. 22b. DATE SIGNED						
	22c. PHYSICIAN'S NAME (Type) Reynaldo Orju	iela-Gomez, M.D.	7620 York	Rd., Towson, Mc	1. 21204			
	230. BURIAL, CREMATION, REMOVAL (Specify) Burial 3/18/67	23c. NAME OF CEMETERY OR C		23d. LOCATION (City or Town)  Finksburg.	(County) (Stote)			
1	24. FUNERAL DIRECTOR	ADDRESS			RARIS SIGNATURE			
	J. F. Eline & Sons Rei	isterstown, Md.	ZSPA RECT	2 Occision	res Judge			

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11: 0	7 -		00000	CERTIFICATE	OF DEATH		03338
The low requires that the deoth certificate be executed within 24 hours ofter death ottending physicion. The speed signed by the attending physicion and campletely filled in by the fence of	and and		PLACE OF DEATH D. COUNTY BALTO. COUNT	Ty MARYLAND	2. USUAL RESIDENCE (WI a. STATE	b. COUR	ion: Residence befare admission)
s off	s of s		CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	C. LENGTH OF STAY IN 16		side corparate limits, write RUI	
Jour by	s. Pag hours	_		10,00	d. STREET ADDRESS	ALC: P. PT.	13-1
n 24 h	hin 72 h		1. NAME OF HOSPITAL OR INSTITUTION (IF not in I	Rd	1727 L	ynch Rd	e. IS RESIDENCE ON A FARM? YES NO
withi stely fi			NAME OF PT. REV. First DECEASED RT. REV. First Type or print)	Middle	· Last INKAND	4. DATE Mont OF DEATH MARK	
ecuted within	y even	5.	SEX 6. COLOR OR RACE 7. I	MARRIED NEVER MARRIED 8	DATE OF BIRTH 8-20-02	9. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
e ex	n o n	1Da	IISHAL OCCUPATION (Give kind of work done	1Db. KIND OF BUSINESS OR	11. BIRTHPLACE (County &	State or foreign country)	12. CITIZEN OF WHAT
e be		duri	ng mast of working life, even if retired)	INDUSTRY	BALTO.,	Md.	COUNTRY?
ertificote b physicion	please I, ond i	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NA		10000
h certif	or removol,		FRANK ZINKAND		MARY	E. HERRON	
nd in indi	or re		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or ynknown) ((If yes give war or dates af serv		FORMANTS ISTER	Addre	
e deoth attendi	permit. ion, or r		No		TERMARY I	homas M	ERCY HOSPITAL
at the	-		18. CAUSE OF DEATH (Enter only one cause pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	m line for (a), (b), and (c).)	Marc	lion	INTERVAL BETWEEN ONSET AND DEATH
es tho sicion. ed by	1 -		4201 DUE TO	itterior Veral	er Hear	& Dislan	e 141
phy:	burial burial		rise ta immediate cause (a),	700 -0700 0 -	7,00		
The low requires the ottending physicion. has been signed by	r to		last. (c)				
	for use as Health prio	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	IBUTING TO DEATH BUT NOT RELATED TO THE	HE TERMINAL DISEASE COND	ITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: e hospital ar nis certificate	0 0	CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter noture af injury in Pa	ırt I ar Part II af item 18.)	
PHYSICIA le hospital his certific	Dept. of	MEDICAL	2Dc. TIME OF INJURY Month, Doy, Year		E OF INJURY (Home, farm,	20f. (City or town)	(County) (State)
	0 0	WE	Hour o.m. p.m. 19	While at wark factor	ry, street, affice bldg., etc.)	1	
ATTENDING etoined by the CTOR: After i	uld be the Stat		21. I certify that (I) (this hospital saw the deceased alive an		death accurred at		and an the date stated abave
	s should with the		22a. SIGNATURE	Mulles		NED. STAFF	22b. DAJE SIGNED
be r			Tec. Physician's	M.D.	ATTENDING NO D	IRECTOR PHYS.	3/8/6/
HOSPITAL age 4 moy FUNERAL	d be		NAME (Type) >, EDWI)	VINUTER	1202 5	TOpulst	allo, 2, 110
TO HOSPITAL (Poge 4 moy b	director, poge shauld be filed		BURIAL, CREMATION, 23b. DATE THEREOF 3-11-19	1 . 1 . 10		23d. LOCATION (City or To	
	Q.		FUNERAL DIRECTOR 1	ADDRESS		BY REGISTRAR 25b.	
VR A15 25M 1	(4) M	1	L. Staller Conklin	5444 BELAIR	RY, DAMAR	1 3 1961	0

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